

## Appendix 6 ■ Withdrawal of Request for State Hearing Form DPA 315 (7/99)

The Form DPA 315 can be accessed through the Department of Social Services website at [Withdrawal of Request for State Hearing Form](#).

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
<input type="checkbox"/> WITHDRAWAL <span style="margin-left: 200px;"><input type="checkbox"/> CONDITIONAL WITHDRAWALS</span>	
<b>OF          REQUEST FOR HEARING</b>	
Case Name: _____	County Case No: _____
State Hearing No: _____	Filing Date: _____
County: _____	Hearing Date: _____
	Hearing Time: _____
_____, the undersigned do hereby:	
<input type="checkbox"/> Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.	
<input type="checkbox"/> Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within <b>90 DAYS</b> of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.	
<b>NOTE:</b> A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.	
The reasons for or conditions of this withdrawal are: _____ _____ _____ _____ _____	
Signed _____ <small>(County Representative)</small>	Signed _____ <small>(Claimant)</small>
_____ <small>(Date)</small>	_____ <small>(Date)</small>
_____ <small>(County Address)</small>	_____ <small>(Address)</small>
_____ <small>(City)</small>	_____ <small>(City)</small>
_____ <small>(Zip Code)</small>	_____ <small>(Zip Code)</small>
_____ <small>(Telephone Number)</small>	_____ <small>(Telephone Number)</small>
<b>NOTE:</b> A Conditional Withdrawal must also be signed by a County Representative or it is invalid.	
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