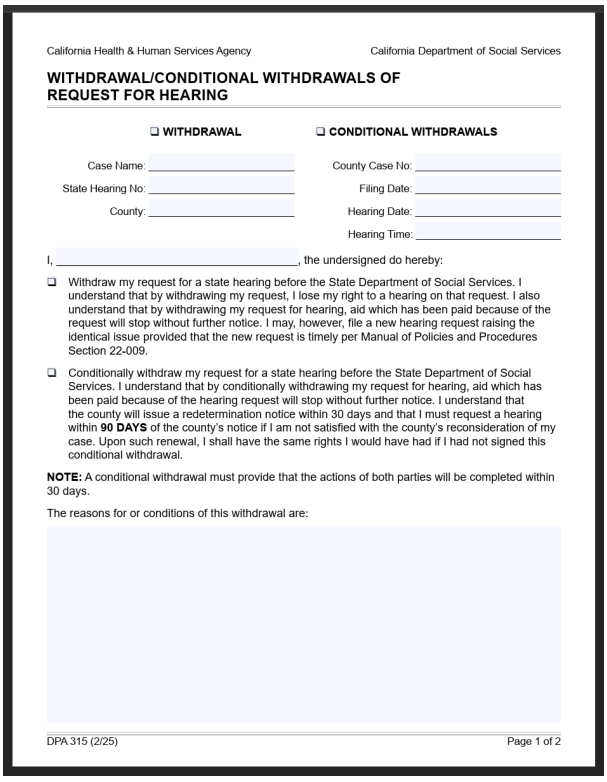
Withdrawal of Request for State Hearing
Form DPA 315 (2/25)

The Withdrawal of Request for State Hearing can be found on Department of Social Services website at [DPA 315 (2/25) - Withdrawal/Conditional Withdrawals Of Request For Hearing (ca.gov)].



California Health & Human Services Agency California Department of Social Services

WITHDRAWAL/CONDITIONAL WITHDRAWALS OF REQUEST FOR HEARING

❑ **WITHDRAWAL** ❑ **CONDITIONAL WITHDRAWALS**

Case Name: _____ County Case No: _____

State Hearing No: _____ Filing Date: _____

County: _____ Hearing Date: _____

Hearing Time: _____

I, _____, the undersigned do hereby:

❑ 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.

❑ 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 **90 DAYS** 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.

NOTE: 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:

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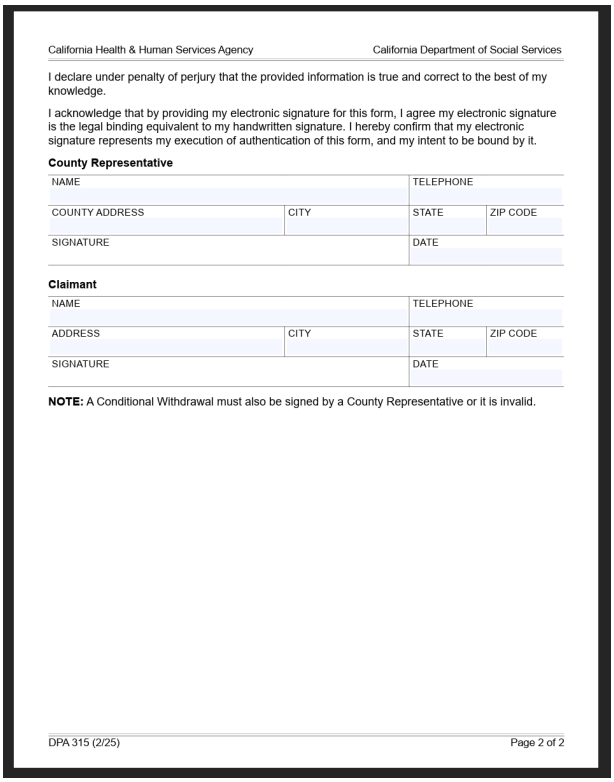

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I declare under penalty of perjury that the provided information is true and correct to the best of my knowledge.

I acknowledge that by providing my electronic signature for this form, I agree my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution of authentication of this form, and my intent to be bound by it.

County Representative

NAME		TELEPHONE	
COUNTY ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE		DATE	

Claimant

NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE		DATE	

NOTE: A Conditional Withdrawal must also be signed by a County Representative or it is invalid.

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