

***South Central Ohio Job and Family Services***  
***Hocking, Ross and Vinton Counties***

**Withdrawal of Request for State Hearing**

**Case Name** \_\_\_\_\_

**Case Number** \_\_\_\_\_

**Appeal Number** \_\_\_\_\_

I, \_\_\_\_\_, advise that as of this date, I wish to withdraw my

Request for the State Hearing on the issue of:

\_\_\_\_\_.

I am doing this of my own free choice. I am requesting this dismissal with the understanding that:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Phone