



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
**WITHDRAWAL OF REQUEST FOR FAIR HEARING**

FROM	Circuit Manager		Telephone Number	Date
	County Office			
	(Address, City, State, Zip Code)			
TO	Name			
	Address (Street)			
	City/State			
	Case Name		Case DCN/DVN	
My licensure status for _____ has been discussed with me by _____ a representative of _____ County Staff. _____ Date _____				
<b>CLAIMANT ONLY</b>				
I hereby withdraw my request for a hearing as it relates to:				
<input type="checkbox"/> License Denial <input type="checkbox"/> Subsidy Maintenance Denial/Change <input type="checkbox"/> License Suspension <input type="checkbox"/> Subsidy Services Denial <input type="checkbox"/> License Revocation <input type="checkbox"/> Adoption Home Denial <input type="checkbox"/> License Closing <input type="checkbox"/> Guardianship <input type="checkbox"/> Other <input type="checkbox"/> Residential Child Care And Or Child Placing Agency Intake Suspension				
<b>CD ONLY</b>				
I hereby withdraw the proposed action as it relates to:				
<input type="checkbox"/> License Denial <input type="checkbox"/> Subsidy Maintenance Denial/Change <input type="checkbox"/> License Suspension <input type="checkbox"/> Subsidy Services Denial <input type="checkbox"/> License Revocation <input type="checkbox"/> Adoption Home Denial <input type="checkbox"/> License Closing <input type="checkbox"/> Guardianship <input type="checkbox"/> Reject an Application <input type="checkbox"/> Residential Child Care And Or Child Placing Agency Intake Suspension <input type="checkbox"/> Other <input type="checkbox"/> Discontinue Benefits				
<b>By signing this form I am WITHDRAWING my request for a hearing on the above issue. I understand that my withdrawal is at my request and I am not disputing the affirmation or reversal of the proposed action.</b>				
<b>My licensure status may be redetermined at a future date, if I decide to reapply.</b>				
Signature			Date	
<b>I hereby certify that I have explained the eligibility factors and agency withdrawal of proposed action.</b>				
Signature		Title	Date	

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>.

RETAIN IN RECORD 36 MONTHS

CD-54 (11/08)