



**THE NAVAJO NATION
DEPARTMENT FOR SELF RELIANCE
DIVISION OF SOCIAL SERVICES**

Withdrawal of Appeal Hearing Request

Customer's Name:	CIF #:	Date:
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COMPLETE SECTION A and B

A. WITHDRAWAL OF APPEAL HEARING REQUEST

I hereby voluntarily withdraw the Request for Appeal Hearing I submitted on _____. The decision to withdraw my Request for Appeal Hearing is my own choice and I was not coerced in any manner to sign this form.

REASON FOR WITHDRAWAL (Optional):

B. CERTIFICATION

I understand that, by withdrawing my Request for Appeal Hearing, I am waiving my right to appeal the decision made on my application/case.

I understand and acknowledge the original decision rendered will be implemented immediately.

Head-of-Household's Signature

Date

TO BE COMPLETED BY DSR STAFF RECEIVING REQUEST

SUBMITTED: In Person By Mail By FAX By Drop Box By Email

RECEIVED BY: _____

FORWARDED TO HEARING OFFICER BY: _____ Date: _____

TO BE COMPLETED BY HEARING OFFICER

ACKNOWLEDGEMENT OF RECEIPT: _____

DSR Hearing Officer

Date