



# Tennessee Department of Human Services Withdrawal of Appeal for Fair Hearing

## Division of Appeals and Hearings

**I HAVE CHANGED MY MIND AND I WANT TO  
WITHDRAW MY APPEAL.  
I DO NOT WANT A HEARING.**

If you do not want to proceed with your appeal, please fill out, sign, and return this form. Or you may send an email to the Appeals Clerk's Office with your name, docket number, and a statement that you want to withdraw your appeal. You can even take a picture of this completed form and send it via email. You may return this form by mail, email, or fax to the following:

**Department of Human Services  
Division of Appeals and Hearings  
ATTN: Clerk's Office  
1st Floor, James K. Polk Building  
505 Deaderick Street  
Nashville, Tennessee 37243-8996  
Fax: (615) 248-7013 or (866) 355-6136  
Email to: [AppealsClerksOffice.DHS@tn.gov](mailto:AppealsClerksOffice.DHS@tn.gov).**

Name: \_\_\_\_\_

Scheduled Hearing Date: \_\_\_\_\_

Docket Number (From Notice of Hearing): \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON THE TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.**

**DID YOU ASK TO KEEP RECEIVING YOUR BENEFITS UNTIL THE END OF YOUR APPEAL? IF YES, YOUR CONTINUED BENEFITS WILL BE CUT OFF WHEN WE RECEIVE THIS SIGNED WITHDRAWAL.**