



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.**

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 ON 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.