



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, you must fill out, sign, and return this form so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing. You may return this form by mail; email or fax:

**Department of Human Services
 Division of Appeals and Hearings
 13th Floor, Citizens Plaza Building
 ATTN: Clerk's Office
 P.O. Box 198996
 Nashville, Tennessee 37219-8996
 Fax: (615) 248-7013**

Email to: AppealsClerksOffice.DHS@tn.gov.

Name: _____

Scheduled Hearing Date: _____

Docket Number (From Notice of Hearing): _____

Daytime Telephone Number: _____

TCSES Number (If Child Support Case): _____

Signature: _____ Date: _____

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