

WITHDRAWAL OF REQUEST FOR HEARING

To: Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Baltimore, Maryland 21031-1301

Customer Name: _____
Customer SS# or Client ID#: _____
OAH Number: _____
Hearing Date: _____

I, _____ of _____
(Name) (Address)

_____ (County)

have filed a request for hearing. I now withdraw this request (choose one below):

Because the Department of Social Services (“Social Services”) has agreed to address the specific reason I am appealing by doing the following:

OR

Because: (explain other reason)

Social Services will take this action by: _____
(Date)

I withdraw my request for a hearing knowing that (please initial each line):

- ___ I may be eligible for free legal representation before the hearing and that, if I am eligible, my legal representative could review what Social Services has told me.
- ___ I have a right to look at my case record, including computer records, before I sign this withdrawal.
- ___ If I had a hearing, an Administrative Law Judge, who does not work for Social Services, would decide my case. I would have a hearing and a decision within 90 days of the date I filed my request for a hearing.
- ___ If I went to a hearing, Social Services would have to explain its decision. I would have an opportunity to subpoena witnesses, question the Social Services representative, and present evidence or witnesses to explain why I believe Social Services was wrong.
- ___ Going to a hearing would not affect any current application for Social Services benefits or any of my other benefits.

Customer Signature: _____ Date: _____

Representative of Social Services Signature: _____