

INSTRUCTIONS

Fill out the form entirely. Do not omit sections. Send this to the Office of Appeal Hearings either:

By email: appeal.hearings@myflfamilies.com

By mail: Office of Appeal Hearings
2415 North Monroe Street
Suite 400 I
Tallahassee, FL 32303-4190

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

Name: _____ Case No. _____

Address: _____

Petitioner/Applicant/Recipient,

VS.

Appeal No. _____

Name: _____

Respondent/Department/Agency,

NOTICE OF WITHDRAWAL

I wish to withdraw my hearing request. I understand the Office of Appeal Hearings will take no further action on my fair hearing.

Dated

Respectfully submitted,
