

## **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](mailto: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: \_\_\_\_\_

VS. \_\_\_\_\_ Petitioner/Applicant/Recipient, \_\_\_\_\_  
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, \_\_\_\_\_