

# REQUEST FOR WITHDRAWAL OF APPEAL

## MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

The purpose of this form is for an appellant / beneficiary to **withdraw** his / her request for an Administrative Hearing.

### APPELLANT INSTRUCTIONS:

- Answer ALL questions completely.
- Please use a PEN and PRINT FIRMLY.
- Make a COPY for your records.
- If you have any questions, you may call toll free: **1 (877) 833 - 0870.**
- After you complete this form, mail it in the enclosed postage paid envelope to:  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 30763  
LANSING MI 48909  
Or you may fax the form to: (517) 373-4147**

Client Name			Telephone Number ( )		Client MDHHS Case Number	
Client Address (No. & Street, Apt No, etc.)				Client or Legal Guardian Signature		Date Signed
City		State	ZIP Code			
Docket Number		Date of Scheduled Hearing / Review			Client Social Security Number	

### Please CANCEL my request for an appeal for the following reason:

The Michigan Department of Health and Human Services has changed its action/decision.

Other (Please explain):

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**Authority:** 42 CFR 431.200 – 431.250; 42 USC 1397aa; 42 USC 701 et seq.; MCLA 330.1001 et seq.; MCLA 400.1 et seq.; MCLA 333.1101 et seq.

**Completion:** Is voluntary.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

If you do not understand this, call the Michigan Department of Health and Human Services at (877) 833-0870.

Si no entiende esta información, comuníquese al Michigan Department of Health and Human Services al (877) 833-0870.

إذا كنت لا تفهم هذا، فعليك الاتصال بـ Michigan Department of Health and Human Services (وزارة الصحة والخدمات الإنسانية) على رقم الهاتف (877) 833-0870.

**1 ( 877 ) 833 - 0870**

THIS FORM IS ALSO AVAILABLE ON-LINE AT: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Medicaid Fair Hearings