Ohio | Department of Job and Family Services

Ted Strickland, Governor
Helen E. Jones-Kelley, Director

Ohio Department of Job and Family Services

Bureau of State Hearings, P.O. Box 182825, Columbus, OH 43218-2825

Case Name _____ Date _____

Case Number _____ Caseworker _____

WITHDRAWAL OF STATE HEARING REQUEST

I, _____, advise that as of this date, I wish to withdraw my request for the State Hearing on the issue(s) of: _____

_____

I am doing this of my own free choice. I am requesting this dismissal with the understanding that: _____

_____

_____

_____

_____

_____

Signed _____ Date _____

Address _____

_____

Telephone Number _____

Agency Witness _____ Date _____

30 East Broad Street
Columbus, Ohio 43215
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