

**NOTICE OF FORM CHANGE NO. 04-209**

DATE

07/16/2004

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE    DPA 315    (7/99) Withdrawal/Conditional Withdrawal of Request for Hearing  
DPA 315 SP (7/99) Withdrawal/conditional Withdrawal of Request for Hearing

ORDER UNIT PAD	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 7/99	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, one sided.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

WITHDRAWAL

CONDITIONAL WITHDRAWALS

# OF REQUEST FOR HEARING

Case Name: \_\_\_\_\_

County Case No: \_\_\_\_\_

State Hearing No: \_\_\_\_\_

Filing Date: \_\_\_\_\_

County: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Hearing Time: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned do hereby:

Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.

Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within **90 DAYS** of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.

**NOTE:** A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.

The reasons for or conditions of this withdrawal are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed

Signed

\_\_\_\_\_  
(County Representative) (Date)

\_\_\_\_\_  
(Claimant) (Date)

\_\_\_\_\_  
(County Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (Zip Code)

\_\_\_\_\_  
(City) (Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Telephone Number)

**NOTE:** A Conditional Withdrawal must also be signed by a County Representative or it is invalid.

RETIRADA

RETIRADA CONDICIONAL

## DE UNA PETICION PARA UNA AUDIENCIA

Nombre del caso: \_\_\_\_\_

No. del caso del condado: \_\_\_\_\_

No. de la audiencia con el estado: \_\_\_\_\_

Fecha en que se presentó: \_\_\_\_\_

Condado: \_\_\_\_\_

Fecha de la audiencia: \_\_\_\_\_

Hora de la audiencia: \_\_\_\_\_

Por medio de la presente yo, el suscrito, \_\_\_\_\_ :

Retiro mi petición para una audiencia ante el Departamento de Servicios Sociales del Estado. Comprendo que al retirar mi petición, pierdo el derecho a una audiencia respecto a dicha petición. También comprendo que al retirar mi petición para una audiencia, la asistencia pagada debido a tal petición se terminará sin más aviso. Sin embargo, puedo presentar una nueva petición para una audiencia respecto al mismo asunto si la nueva petición se hace a tiempo, de acuerdo con la Sección 22-009 del Manual de Prácticas y Procedimientos.

En forma condicional, retiro mi petición para una audiencia ante el Departamento de Servicios Sociales del Estado. Comprendo que al retirar condicionalmente mi petición para una audiencia, la asistencia pagada debido a tal petición se terminará sin más aviso. Tengo entendido que el condado expedirá una nueva notificación de determinación en un término de 30 días y que tengo que pedir una audiencia, en un plazo de **90 DÍAS** a partir de la notificación del condado, si no estoy conforme con la nueva consideración que haya hecho el condado sobre mi caso. Al hacer la renovación, tendré los mismos derechos que tendría si no firmara esta retirada condicional.

**NOTA:** Una retirada condicional debe establecer que las acciones de ambas partes sean completadas dentro de los 30 días siguientes.

Las razones o condiciones para esta retirada son: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firma

\_\_\_\_\_  
(Representante del condado)

\_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
(Dirección del condado)

\_\_\_\_\_  
(Ciudad)

\_\_\_\_\_  
(Zona postal)

\_\_\_\_\_  
(No. de teléfono)

Firma

\_\_\_\_\_  
(Reclamante)

\_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
(Dirección)

\_\_\_\_\_  
(Ciudad)

\_\_\_\_\_  
(Zona postal)

\_\_\_\_\_  
(No. de teléfono)

**NOTA:** La retirada condicional también debe ser firmada por un representante del condado o de lo contrario será inválida.