



**W-3004FH**  
(Rev. 03/16)

**State of Connecticut  
Department of Social Services**

**Confirmation of Withdrawal of Hearing  
Request**

Case ID:

Client ID:

Date:

Hearing Request #:

Hearing Request Date:

Dear \_\_\_\_\_

Thank you for calling to tell us that you no longer want to have a hearing, even though you had asked for one. The hearing was about the following DSS action:

Program	Issue	Detail

We also need you to sign this form to confirm in writing that you do not want a hearing. Please check the box below telling us that you are withdrawing your request for a hearing. Then, please sign the form and return it to us, either in the enclosed envelope or by fax at 860-424-5729. When we get your signed form, we will close our hearing file and dismiss your hearing request.

\_\_\_\_\_ I am withdrawing my request for a hearing. I no longer want a hearing.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this is wrong and you still want to have a hearing, please contact us as soon as possible by calling Administrative Hearings at 1-860-424-5760 or toll free at 1-800-462-0134.

Sincerely,  
Connecticut Department of Social Services

Case ID:

Client ID:

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.