

*What is the DDS Tracking Number?

*Is there an existing OAH Case Number? ☐ Yes ☐ No

If yes, what is the OAH Case number?

*Date of Birth:

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Unique Client Identifier (UCI), if any

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Relationship to Claimant:

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*The appeal request has been withdrawn through the following process:
(Please check the appropriate box)

<input type="checkbox"/> Resolved before Informal Meeting	Date of Resolution:
<input type="checkbox"/> Resolved at Informal Meeting	Date of Resolution:
<input type="checkbox"/> Resolved at Mediation	Date of Resolution:
<input type="checkbox"/> Withdrawn without Resolution	Date of Resolution:

Summarize the resolution, or why the appeal was withdrawn without resolution:

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**Confidential Client Information, California Welfare and Institutions Code Sections 4514 and 5328,
Health Insurance Portability and Accountability Act.**

By my signature below I certify that the information on this form is true.

Person who appealed, or Authorized Representative Signature: Date:

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Regional Center or State Operated Facility Signature: Date:

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You must sign and date in the space above. This may be signed in ink or electronically. By typing your name, you are agreeing that you have electronically signed this form.

TO BE COMPLETED BY REGIONAL CENTER OR STATE-OPERATED FACILITY STAFF WHEN UNABLE TO OBTAIN THE SIGNATURE OF THE PERSON WHO APPEALED OR THEIR AUTHORIZED REPRESENTATIVE.

I certify under penalty of perjury that I personally spoke with the person who appealed, or their authorized representative, and that person indicated to me that the issues identified for appeal have been resolved and the appeal no longer is necessary. A copy of this form will simultaneously be distributed to the Department, the person who appealed or their authorized representative, and the Office of Administrative Hearings.

Regional Center or State-Operated Facility Signature: Date:

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You must sign and date in the space above. This may be signed in ink or electronically. By typing your name, you are agreeing that you have electronically signed this form.

☐ Administratively Closed (Must Explain)

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