



## Bureau of Hearings & Appeals Appeal Withdrawal Form

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

Case Number/Docket Number: \_\_\_\_\_

I wish to withdraw my appeal at this time. By withdrawing the above named appeal, I acknowledge that the case will NOT be scheduled for hearing.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If your hearing has already been scheduled, please list the date and time of your hearing:

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

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

\*Please mail this form to the appropriate office identified on your hearing scheduling letter:

### Harrisburg Region

Bureau of Hearings & Appeals  
2330 Vartan Way, 2nd Floor  
Harrisburg, PA 17110

### Pittsburgh Region

Bureau of Hearings & Appeals  
2 Gateway Center, Suite 1125  
603 Stanwix Street  
Pittsburgh, PA 15222

### Philadelphia Region

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Hearings & Appeals  
801 Market Street 5th Floor  
Philadelphia, PA 19107

### Reading Field Office

Bureau of Hearings & Appeals  
625 Cherry Street  
Room 440  
Reading, PA 19602

### Erie Field Office

Bureau of Hearings & Appeals  
Renaissance Center  
1101 State Street, Suite 401  
Erie, PA 16501

### Northeast Region

Federal Hearings and Appeals  
117 West Main Street  
Plymouth, PA 18651