STATE OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES ADMINISTRATIVE HEARINGS UNIT

IN THE MATTER OF)	
)	
)	SCR #:
Appellant)	DKT #:
)	AHU #:

APPELLANT'S WITHDRAWAL OF APPEAL

I, ______, Appellant, hereby request that my appeal be withdrawn. I understand that doing so means that the indicated report will remain on the State Central Register as provided by law.

Filed by:

Appellant's Signature Above Address: City, State/Zip: Phone: Email:

Appellant Must Give Written Notice of this Withdrawal of Appeal to the following by mail, email or facsimile:

To: Administrative Law Judge: DCFS - Administrative Hearings Unit 406 East Monroe – Station 15 Springfield, IL 62701 Facsimile: (217) 557-4652 Email: DCFS.Efiling@illinois.gov

> Department Attorney: Department of Children and Family Services Address: City/State/Zip:

CERTIFICATE OF SERVICE

The undersigned hereby certifies that the above notice and attached pleadings were caused to be personally delivered or deposited in the U.S. mail, or transmitted via email, or facsimile to the above party (ies) at the address (es) provided on _____ mailed, emailed or sent via facsimile).

Signature