



**State of Oregon**  
**OFFICE OF VOCATIONAL**  
**REHABILITATION SERVICES**  
Children, Adults and Families  
Department of Human Services

## **WITHDRAWAL OF REQUEST FOR HEARING**

**I am withdrawing my request for a hearing. I understand that I can file a request for a hearing in the future if it is made within 60 calendar days from the date of a VR decision or action with which I disagree.**

**Date of Hearing Request:** \_\_\_\_\_ **DRN:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed form to:**

**ATTN: Dispute Resolution Coordinator**  
**DHS--Office of Vocational Rehabilitation Services**  
**500 Summer Street, NE E-87**  
**Salem, OR 97301-1120**  
**(503) 947-5025 FAX**