

WITHDRAWAL OF CASE

Submit this form if you no longer want to proceed to a hearing.

1. CASE INFORMATION

In the Matter of: _____

File Number: _____

2. PERSON SUBMITTING THIS WITHDRAWAL

Party Name: _____

Authorized Representative (if any): _____

I am the: Party Party's Representative

3. REASON FOR WITHDRAWAL

Please select one option below.

I requested a hearing and want to withdraw my case. I understand that my case will be dismissed if no other party filed a valid request for hearing in this same matter. If a hearing officer has already issued a final decision or other order that ends the case, the withdrawal cannot be accepted.

I am authorized to represent the party who requested the hearing. The party wants to withdraw the case. I have informed the party about the consequences of withdrawing the case, including that the appeal will be dismissed once the withdrawal is submitted.

The parties have settled or resolved the matter before a final decision was issued.
(If applicable, please attach the first page and signature pages of the settlement agreement.)

4. SIGNATURE

I certify that the information provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Submit a signed copy of the completed form to:
CalRecycle Hearing Office
1001 I Street, MS 25-54, Sacramento, CA 95814
Email: HearingOffice@calrecycle.ca.gov

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