



Date	Appeal ID
Hearing Officer	
Office Address, Phone, Fax and Email	

Appellant Name and Address

Request for Another Appointment or Request to Withdraw

Complete and sign this form if you cannot or do not want to attend the scheduled hearing.

I, _____, will not be able to attend the hearing scheduled for _____, _____.

Reason:

I want to reschedule withdraw my hearing for the following reason:

Signature of Appellant or Representative

Date

Area Code and Phone No.

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004).