STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Family and Economic Security

**FACT FINDING REVIEW**

**VOLUNTARY WITHDRAWAL**

The W-2 agency should complete this form and provide the petitioner and the Fact Finder with a copy. The fields are fillable.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| --- | --- | --- |
| Name | Case Number | Date       /     / |
| Worker Name | Worker Phone Number  (     )       - | |

I am withdrawing the request I made for a Fact Finding Review that is scheduled for //**.** This does not change any request I have made or may make for a FoodShare, BadgerCare Plus or Child Care Fair Hearing with the Department of Administration, Division of Hearings and Appeals.

**Date I requested the Fact Finding:**//

**Agency decision I thought was wrong and date of the notice telling me about this decision:**

**Reason for my withdrawal:**

**Action(s) the Agency must take** (Please include due date(s) if appropriate. Due date(s) must not exceed 7 working days from today’s date.)

**Action(s) I must take** (Please include due date(s) if appropriate. If no action is required of the petitioner, please indicate “none”.)

**Right to have my Fact Finding request reinstated**

I agree to withdraw my request for a Fact Finding Review based on the agency taking the action(s) listed above. I also agree to take any action(s) listed above for me. If the action(s) listed above do not happen by the due date, my withdrawal becomes void and my original Fact Finding request is reinstated. If my Fact Finding request is reinstated, the W-2 agency will schedule a Fact Finding Review appointment within 8 working days of the action(s) due date above. If my W-2 agency does not schedule the Fact Finding Review appointment, I can call the Bureau of Working Families 855-757-4539 (toll free) for help.

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| Applicant/Participant Signature | Date Signed |
| W-2 Agency Representative Signature | Date Signed |

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| **For Agency Use Only** | |
| Please sign and date this section after completing CARES screen WPFF. | |
| W-2 Agency Representative Signature | Date Signed |