



WDP

WITHDRAWAL FORM FOR PoCA/PoVA & LIST 99

FIRST-TIER TRIBUNAL (HEALTH, EDUCATION AND SOCIAL CARE CHAMBER) RULES 2008 Rule 17 – withdrawal of case form WD

Use this form to notify withdrawal of your all PoCA/PoVA or List 99 cases before the Tribunal.

A. Applicant's [Appellant] Details

Please provide the following details about yourself:

Form with fields for Title, Surname, First Names, Address, Post Code, Day time Tel No, Mobile, Fax number, and Email address.

B. Name of respondent organisation

Empty box for respondent organisation name.

C. Appeal case details/reference

Empty box for appeal case details/reference.

I/we wish to withdraw my/our case in its entirety [checkbox]

I/we wish to withdraw part of my/our case.

Specify what part of your case you wish to withdraw:

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Signed:-----

Name in Block Caps-----

Dated:-----

**Please note: any application for reinstatement of a case must be made in writing and must be received by the Tribunal within:**

- 28 days after the date on which the Tribunal received the notice of withdrawal;
- 28 days after the date of the hearing at which the case was withdrawn orally.

➤ **Return this form to:**

**TRIBUNAL SERVICES  
CARE STANDARDS  
MOWDEN HALL  
STAINDROP ROAD  
DARLINGTON  
DL3 9BG**