



**WD**

**WITHDRAWAL FORM**

FOR OFFICE USE ONLY	
Case reference Number:	Office Stamp (date received)

**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 case before the Tribunal **except** for those who are on the PoCA/PoVA or List 99.

**A. Applicant's [Appellant] Details**

Please provide the following details about yourself:

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
Surname:	-----				
First Names:	-----				
Address:	-----				
	-----				
	Post Code: -----				
Day time Tel No:	-----			<b>Mobile:</b>	-----
Fax number (if any):	-----				
Email address (if any):	-----				

**B. Name of respondent organisation**

**C. Appeal case details/reference**

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

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

Specify what part of your case you wish to withdraw:

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Withdrawal of a case or part of a case cannot take effect unless the Tribunal consents.  
Set out your reasons here:

My/our reasons for withdrawal are:

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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- 28 days after the date of the hearing at which the case was withdrawn orally.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**