



Missouri Department of Social Services  
Family Support Division  
**Withdrawal of Waiver of Administrative Disqualification  
Hearing Consent Agreement**



Name (Alleged Violator)			
Address (Number and Street)			
City, State, Zip Code			
DCN (Alleged Violator)	SCN	Head of Household DCN (if different)	County of Residence
Hearing Officer / Investigator		Address	
I wish to withdraw my waiver of the Administrative Disqualification Hearing. I understand that the hearing will be conducted as if I had not signed the waiver.			
SIGNATURE			DATE
To withdraw your Waiver of Administrative Hearing Disqualification Consent Agreement, you must sign and return this form to Family Support Division within five (5) days of the date you signed the Waiver of Administrative Hearing Disqualification Consent Agreement.			

IM-161A (10/2023)