

WITHDRAWAL OF WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING CONSENT AGREEMENT (IM-161A) Instructions

Purpose: To provide a method for an individual to withdraw their signed Waiver of Administrative Disqualification Hearing Consent Agreement (IM-161) and request an Administrative Disqualification Hearing (ADH).

Disposition: This form must be provided any time the IM-161 Waiver is offered.

Once the IM-161A is returned, it is immediately forwarded to the appropriate Hearing Officer or WIU Investigator indicated on the form within 24 hours.

Manual Reference: FSD Policy Manual section [16.7 SNAP Intentional Program Violations](#)

Form Fields:

Name (Alleged Violator): Enter the name of the alleged violator.

Address (number, street, PO Box): Enter the mailing address of the alleged violator.

City, State, ZIP Code: Enter the city, state, and ZIP code for the mailing address of the alleged violator.

DCN Alleged Violator: Enter the DCN of the alleged violator.

SCN: Household's supercase number

Head of Household DCN: Enter the DCN of the head of the household

DCN Alleged Violator: Enter the DCN of the person alleged violator.

County of Residence: Enter the household's county of residence.

Hearing Officer/Investigator: Enter the name of the Hearing Officer or Investigator.

Address: Enter the Hearing Officer or Investigator's address.

Signature: Signature of the alleged violator.

Date: The date this form is signed.