**APPLICATION TO WITHDRAW APPEAL BEFORE HEARING**

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

**NOTE:** The claimant is responsible for the delivery of this form to the Commission. This form is to be used for requesting a withdrawal of an unemployment claim appeal. This form should be submitted by fax, mail, or email directly to the Appeal Tribunal.

**Fax:** (405) 601-3337 | **Mail:** P.O. Box 53345 Oklahoma City, Oklahoma 73152 | **Email:** atd@oesc.state.ok.us

|  |  |
| --- | --- |
| Docket No. : |       |
| Claimant’s SSN: |       |
| Effective Date of Initial Claim: |       |

**Incomplete forms will not be processed!**

|  |  |
| --- | --- |
| Appellant’s Name: |       |
| Appellant’s Address:  |       |
|  | (Street Address, Route and/or Box Number) |
|  |       |
|  | (City) (State) (Zip Code) |

**I request that the appeal(s) filed for the legal issues under the Act,** **,** **,** **,** (legal issues can be found on the Notice of Determination appealed, just below the address of the parties) **be withdrawn for the following reason(s):**

|  |
| --- |
|       |
|       |
|       |
|       |
|       |

**I state further that this application is made voluntarily and is not influenced by anyone other than myself.**

*By signing this document, I also understand that upon receipt and proper completion of this form, the case will be dismissed with prejudice (meaning it cannot be brought forth again at a later date) and that the determination will stand as final and binding on the parties.*

|  |  |  |
| --- | --- | --- |
|       |  |       |
| (Appellant Signature) |  | (Date) |

If either party is served by a representative, please complete the following:

|  |
| --- |
|       |
| (Representative Name) |
|       |
| (Address) |
|       |
| (City) (State) (Zip Code) |

|  |  |
| --- | --- |
| Date: |       |
| Received by:  |       |
|  | (Appeal Tribunal Representative) |

**To be completed by OESC Staff:**