

First-tier Tribunal - Health, Education and Social Care Chamber (Care Standards)

## **Withdrawal Form**

(except for PoCA and PoVA cases)

For office use only	
Case reference number	
Office stamp (date received)	

Use this form to notify withdrawal of your case before the tribunal (except for PoCA and PoVA cases). Withdrawal of a case or part of a case cannot take effect unless the tribunal consents, (except PoCA and PoVA cases).

Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of this form.

A – Appel	llant and case details
Appellant name	
Appeal number	
B – Name	of respondent organisation
	☐ Withdraw the case in its entirety
	☐ Withdraw part of the case
lf you are wit	chdrawing part of your case please specify which part

C – Reasons for withdrawal			
<b>Please note:</b> ar within:	y application for reinstatement of a case	must be made in writing and must be received by the tribunal	
<ul> <li>28 days</li> </ul>	after the date on which the tribunal rece	vived the notice of withdrawal;	
•	after the date of the hearing at which the		
•	J	,	
Your signature:		Care Standards contact details	
		Post:	
_		HM Courts & Tribunals Service	
Date:		Care Standards 1st Floor, Darlington Magistrates' Court	
This form can b	e signed by the person bringing the	Parkgate	
appeal or by the	eir Legal Representative.	Darlington	
(A typed signat	ure is acceptable)	DL1 1RU	
		<b>Telephone:</b> 01325 289350	
		Email: cst@hmcts.gsi.gov.uk Fax: 01264 785013	
		I CIA ( V I Z UT / O J V I .)	

For further information about appeals to the Tribunal, go to the Care Standards website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/care-standards/index.htm

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

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