



Withdrawing a claim

Claim Number

Name of child

Name of Responsible Body (RB)

You must fill in this section

This notice of withdrawal must be signed by the same person (or people) who signed the notice of claim form, i.e. those who made the claim.

- I wish to withdraw my claim to the First Tier Tribunal Special Educational Needs and Disability.
- I understand that you will not take any further action on this claim.

Name of parent

Signature

Date

Name of parent

Signature

Date

For monitoring purposes

It would be helpful to know why you want to withdraw your claim. Please tick the most appropriate box.

- I have reached an agreement with the RB
- I have reached an agreement with the RB using a disagreement resolution or mediation service
- I have changed my mind
- Another reason (please explain in the box below)

Please return this form to:

Special Educational Needs and Disability
Mowden Hall, Old Hall
Staindrop Road
DARLINGTON
DL3 9BG