RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM Christopher Seppanen Executive Director

MIKE ZIMMER



Date Mailed: March 31, 2016 MAHS Docket No.: 15-024574 MAHS Docket No.: 15-024751 MAHS Docket No.: 15-024750 MAHS Docket No.: 150024749

Agency No.:

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

ORDER OF DISMISSAL PURSUANT TO WITHDRAWAL OF HEARING REQUEST AT HEARING

The hearing was requested to dispute the Department's action taken with respect to the Department's determination that the Petitioners were only eligible for Emergency Medical Services (ESO) program benefits due to their immigration status. All Petitioners have visas only and no permanent residency. Shortly after commencement of the hearing, Petitioners' AHR testified that he now understood the actions taken by the Department granting the Petitioners ESO and did not wish to proceed with the hearings. The Request for Hearings were withdrawn. The Department agreed to the dismissal of the hearing requests.

Pursuant to the withdrawal of the hearing requests filed in this matter, the Request for Hearings are, hereby, **DISMISSED**.

IT IS SO ORDERED.

LMF/jaf

Lyńń M. Ferris Administrative Law Judge for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-8139 **DHHS**

Petitioner

Petitioner

Petitioner

Petitioner and Authorized Hearing Rep.

cc:



