



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON BROWN  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: July 17, 2024

MOAHR Docket No.: [REDACTED]

Agency No.: [REDACTED]

Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Colleen Lack**

**ORDER OF DISMISSAL PURSUANT TO  
WITHDRAWAL OF HEARING REQUEST AT HEARING**

This matter is before the Michigan Office of Administrative Hearings and Rules upon Petitioner's request for hearing made pursuant to MCL 400.9 and MCL 400.37, and Titles 7, 42, and 45 of the Code of Federal Regulations, which govern the administrative hearing and appeal process. After due notice, a telephone hearing commenced on July 16, 2024. [REDACTED] and Authorized Hearing Representative, appeared on behalf of the Petitioner. [REDACTED], the Petitioner, was present. The Department of Health and Human Services (Department) was represented by Jennipher Wheller, Family Independence Manager (FIM).

The hearing was requested to dispute the Department's action taken with respect to State Disability Assistance Program (SDA) benefits. After commencement of the hearing, the Department confirmed that they have reinstated Petitioner's application for the SDA program. Accordingly, Petitioner's AHR withdrew the hearing request on the record. The Department agreed to the dismissal of the hearing request.

Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing is, hereby, **DISMISSED**.

**IT IS SO ORDERED.**

CL/th

**Colleen Lack**

Administrative Law Judge

**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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**Via-Electronic Mail :**

**DHHS**

Jennipher Wheeler  
Muskegon County DHHS  
2700 Baker Street  
Muskegon Heights, MI 49444  
**MDHHS-Muskegon-Hearing@michigan.gov**

**Interested Parties**

L. Karadsheh  
MOAHR  
BSC3

**Via-First Class Mail :**

**Authorized Hearing Representative**

Tracy Cunningham  
2124 Dyson St  
Muskegon Heights, MI 49444

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]