

OSAH FORM 1

OSAH USE ONLY:	AGENCY CSS	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD SUPPORT SERVICES ESTABLISHMENT ONLY

Non-Agency Party's County of Residence:	Agency Reference (\$TARS) Number:
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Check Only One:

- EST** (hearing to establish child support, paternity, and/or medical support)
- ESTR** (Consent Order for child support, paternity, and/or medical support – *NO HEARING DATE*)
- PPATR** (prison paternity order – *NO HEARING DATE*)

CONTACT PERSON AT LOCAL DCSS OFFICE

NAME:	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:	POSITION:	EMAIL:

CHILD(REN)

NAME:	YEAR OF BIRTH:
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ATTORNEY FOR REFERRING AGENCY

NAME:	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR #:	EMAIL:

NON-AGENCY PARTY (NON-CUSTODIAL PARENT)

NAME:	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:		EMAIL:

ATTORNEY FOR NON-AGENCY PARTY (IF APPLICABLE)

NAME:	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR #:	EMAIL:

*****COMPLAINT FOR RECOVERY OF CHILD SUPPORT OR CONSENT ORDER MUST BE ATTACHED*****