

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/agency-ref-word.html#>.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE DECAL	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF EARLY CARE AND LEARNING

(USE FOR EARLY CARE AND EDUCATION PROGRAM CASES ONLY)

COUNTY OF PROGRAM:	DATE REQUEST FOR HEARING FILED WITH AGENCY:	AGENCY CASE NUMBER:
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Contested Case Information:

<p style="color: red; margin: 0;">Program: (Choose one only):</p> <p><input type="checkbox"/> Family Day-Care Home (FDCH)</p> <p><input type="checkbox"/> Group Day-Care Home (GDCH)</p> <p><input type="checkbox"/> Day-Care Center (DC)</p> <p><input type="checkbox"/> Child Care Learning Center (CCLC)</p> <p><input type="checkbox"/> Child Caring Institution (CCI)</p> <p style="color: red; margin: 10px 0 0 0;">Who Was Sanctioned?</p> <p><input type="checkbox"/> Licensee <input type="checkbox"/> Applicant</p>	<p style="color: red; margin: 0;">Select Sanction Taken:</p> <p><input type="checkbox"/> Refused To Grant License</p> <p><input type="checkbox"/> Administered Public Reprimand</p> <p><input type="checkbox"/> Suspended License</p> <p><input type="checkbox"/> Revoked License</p> <p><input type="checkbox"/> Imposed Fine</p> <p><input type="checkbox"/> Limited or Restricted License</p> <p><input type="checkbox"/> Prohibited Licensee or Applicant from allowing a person to be involved in the management or control of program, who previously was involved in the management or control of program, whose license was revoked or denied within the past 12 months</p> <p><input type="checkbox"/> Emergency Order Placing Monitor(s) in Program OR Providing Notice of Intended Emergency Closure of Program (Case <u>must</u> be heard with 48 hours after request for hearing is filed with Agency)</p> <p><input type="checkbox"/> Other:</p>
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CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	POSITION:	EMAIL: CELL:

ATTORNEY FOR AGENCY PARTY

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: CELL:

NON-AGENCY PARTY (If the Non-Agency party is a corporation or LLC and the attorney is unknown, include the registered agent to use for service on file with the Georgia Secretary of State at <http://corp.sos.state.ga.us/corp/soskb/csearch.asp>)

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL: CELL:

NON-AGENCY PARTY'S ATTORNEY

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: CELL:

PARTY INITIATING CONTESTED CASE: Agency Non-Agency Party (*check one*).

DOCUMENT INITIATING CONTESTED CASE: Attach the document requesting hearing and the agency notice that resulted in the hearing request (or if the agency is initiating the contested case, a complaint or petition).

SPECIAL REQUIREMENTS: Attach any statute(s) or rule(s) (state or federal) establishing any specific time frames or procedures that are to be applied by the Judge in disposing of the contested case.