

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DFCS	CASE TYPE FSP	DOCKET NUMBER	COUNTY	JUDGE
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GEORGIA DEPARTMENT OF HUMAN SERVICES (DFCS)

APPLICANT/RECIPIENT County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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Check here if Applicant/Recipient requires notice of hearing in Spanish:

Check Only One in This Box:

<input type="checkbox"/> Case Closure	<input type="checkbox"/> Reduction of Benefits	<input type="checkbox"/> Disputed Determination of Benefits
<input type="checkbox"/> Failure to Act Within Reasonable Time for Benefit Change		
<input type="checkbox"/> Agency Inaction	<input type="checkbox"/> Denial of Expedited Services	<input type="checkbox"/> Other:

APPLICANT/RECIPIENT

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	RELATIONSHIP TO CLAIMANT	EMAIL

LOCAL DFCS OFFICE

NAME OF OFFICE	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	CASEWORKER'S <u>FULL</u> NAME	CASEWORKER'S DIRECT TEL NO
	EMAIL	CELL
	SUPERVISOR'S <u>FULL</u> NAME	SUPERVISOR'S DIRECT TEL NO
	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL