

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 CODE DHS	DIVISION CODE ORCC	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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GEORGIA DEPARTMENT OF HUMAN SERVICES OFFICE OF RESIDENTIAL CHILD CARE

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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Check Here if an Application Was Denied:

Check Only One in This Box:

<input type="checkbox"/> CCI (Child Care Institution) <input type="checkbox"/> CPA (Child Placing Agency) <input type="checkbox"/> CTCC (Children's Transitional Care Centers) <input type="checkbox"/> MATH (Maternity Home) <input type="checkbox"/> TC (Therapeutic Camps)	<input type="checkbox"/> EAP (Energy Assistance Program) <input type="checkbox"/> Other
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CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

AGENCY PARTY

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO