

**OSAH FORM 1**

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

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE <b>DOL</b>	CASE TYPE <b>EEE</b>	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **DEPARTMENT OF LABOR (DOL)**

**Use Only For Unemployment Compensation CASES**

DATE OF REQUEST FOR HEARING:

COUNTY OF RESIDENCE OF NON-AGENCY PARTY:

**CONTACT PERSON IN REFERRING AGENCY**

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL PAGER
ATTORNEY NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL PAGER

**Claimant**

NAME OF Claimant	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL PAGER
Claimant's ATTORNEY	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL PAGER

**Company**

NAME OF Company	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL PAGER
Company's ATTORNEY NAME OR CORPORATE REPRESENTATIVE	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL PAGER

FOR PURPOSES OF THIS HEARING, The PETITIONER will be the  Claimant  Company (must check one).

PARTY REQUESTING THE HEARING:  Claimant  Company

DOCUMENT INITIATING THE HEARING:  As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED:  As "Attachment 2", note applicable statutes OR attach an outline of the legal issues and factual matters to be resolved.

SPECIAL REQUIREMENTS:  As "Attachment 3", attach a sheet identifying any statutes or rules (state or federal) establishing or requesting any specific time deadlines, procedures, or other requirements that are to be applied by OSAH in resolving the matter referred.