**OSAH FORM 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OSAH USE ONLY:** | AGENCY**CSS** | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |

**DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF CHILD SUPPORT SERVICES**

**ENFORCEMENT ACTIONS**

|  |  |  |
| --- | --- | --- |
| **County of Local Child Support Office:** | **Date Hearing Request Filed with Agency:** | **Agency Reference ($TARS) Number:**  |

|  |
| --- |
| **Check Only One:** |
| **[ ]  CR** (Credit Reporting)**[ ]  FEE** (Collection of Overdue Fee)**[ ]  GLS** (Georgia License Suspension) **[ ]  IDOH** (Income Deduction Order Hearing) **[ ]  LIEN** (Lien for Real or Personal Property)**NOTE: Financial institution liens must be filed in superior court.****[ ]  ML** (Motor Vehicle or Mobile Home Lien) | **[ ]  PASS** (Passport Suspension or Denial)**[ ]  SDCFS** (Setoff Debt Collection)**[ ]  UIB** (Unemployment Insurance Benefits Intercept)**[ ]  WC** (Workers’ Compensation Intercept)**[ ]  WD** (Withhold and Deliver – Garnishment of Bonus or Commission Earnings)**[ ]  OTH** (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONTACT PERSON AT LOCAL DCSS OFFICE**

|  |  |  |
| --- | --- | --- |
| NAME:       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | POSITION:      | EMAIL:      |

**ATTORNEY FOR REFERRING AGENCY**

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

**NON-CUSTODIAL PARENT**

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

**ATTORNEY FOR NON-CUSTODIAL PARENT (IF APPLICABLE)**

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

**\*\*\*COPIES OF THE ENFORCEMENT LETTER AND APPEAL MUST BE ATTACHED\*\*\***