**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\*\*\***