

# OSAH FORM 1

<b>OSAH USE ONLY:</b>	AGENCY <b>CSS</b>	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:

<input type="checkbox"/> <b>CR</b> (Credit Reporting) <input type="checkbox"/> <b>FEE</b> (Collection of Overdue Fee) <input type="checkbox"/> <b>GLS</b> (Georgia License Suspension) <input type="checkbox"/> <b>IDO</b> H (Income Deduction Order Hearing) <input type="checkbox"/> <b>LIEN</b> (Lien for Real or Personal Property) <span style="color: red;"><b>NOTE: Financial institution liens must be filed in superior court.</b></span> <input type="checkbox"/> <b>ML</b> (Motor Vehicle or Mobile Home Lien)	<input type="checkbox"/> <b>PASS</b> (Passport Suspension or Denial) <input type="checkbox"/> <b>SDCFS</b> (Setoff Debt Collection) <input type="checkbox"/> <b>UIB</b> (Unemployment Insurance Benefits Intercept) <input type="checkbox"/> <b>WC</b> (Workers' Compensation Intercept) <input type="checkbox"/> <b>WD</b> (Withhold and Deliver – Garnishment of Bonus or Commission Earnings) <input type="checkbox"/> <b>OTH</b> (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\*\*\***