**OSAH FORM 1**

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

**DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF CHILD SUPPORT SERVICES**

**ESTABLISHMENT AND PATERNITY**

|  |  |
| --- | --- |
| **Non-Custodial Parent’s County of Residence:** | **Agency Reference ($TARS) Number:** |

|  |
| --- |
| **Check Only One:** |
| **EST** (hearing to establish child support, paternity, and/or medical support)  **ESTR** (Consent Order for child support, paternity, and/or medical support – *NO HEARING DATE*)  **PPATR** (prison paternity order – *NO HEARING DATE*) |

**CONTACT PERSON AT LOCAL DCSS OFFICE**

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

**CHILD(REN)**

|  |  |
| --- | --- |
| NAME: | YEAR OF BIRTH: |

**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: |

**\*\*\*COMPLAINT FOR RECOVERY OF CHILD SUPPORT OR CONSENT ORDER MUST BE ATTACHED\*\*\***