**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\*\*\***