

# OSAH FORM 1

<b>OSAH USE ONLY:</b>	AGENCY <b>CSS</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD SUPPORT SERVICES  
ESTABLISHMENT AND PATERNITY**

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