OSAH FORM 1

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

**DHS, DIVISION OF FAMILY & CHILDREN SERVICES**

**CHILD ABUSE REGISTRY**

|  |  |  |  |
| --- | --- | --- | --- |
| **County Where Alleged Abuse Occurred:** | **Agency Reference (SHINES) Number:** | | **CPSIS ID Number:** |
| **Date of Receipt of Certified Notice by Alleged Abuser:** | | **Date Request for Hearing Was Received by DFCS:** | |

|  |  |
| --- | --- |
| **Check Only One:** | |
| **CAR** (Child Abuse Registry – Appeal of Notice of Inclusion) | **XPUCAR** (Request for Expungement from Registry) |

**Check here if Alleged Child Abuser requires notice of hearing in Spanish:**

# ALLEGED CHILD ABUSER

|  |  |  |
| --- | --- | --- |
| **NAME:** | **TEL #:** | **FAX #:** |
| **CURRENT ADDRESS INCLUDING ZIP CODE:** | **EMAIL:** | **ROLE OF ALLEGED CHILD ABUSER:**  **LEGAL PARENT/GUARDIAN**  **FOSTER PARENT**  **OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CLASSIFICATION OF THE CHILD ABUSE (SEE O.C.G.A. § 49-5-182(4)):** | **AGE OF ALLEGED CHILD ABUSER:** | **AGE(S) OF CHILD(REN) ALLEGED TO HAVE BEEN ABUSED:** |
| **(IF UNDER 18) NAME OF PARENT, GUARDIAN, OR LEGAL CUSTODIAN:** | **TEL #:** | **EMAIL:** |
| **CURRENT ADDRESS INCLUDING ZIP CODE:** | **RELATIONSHIP TO ALLEGED CHILD ABUSER:** | | |

# ATTORNEY FOR ALLEGED CHILD ABUSER (IF APPLICABLE)

|  |  |  |
| --- | --- | --- |
| **NAME:** | **TEL#:** | **FAX #:** |
| **ADDRESS INCLUDING ZIP CODE:** | **GEORGIA BAR #:** | **EMAIL:** |

# DFCS OFFICE IN COUNTY ASSIGNED TO INVESTIGATION

|  |  |  |
| --- | --- | --- |
| **NAME OF OFFICE:** | **TEL #:** | **FAX #:** |
| **COUNTY DIRECTOR:** | **TEL #:** | **EMAIL:** |
| **ADDRESS INCLUDING ZIP CODE:** | **CASEWORKER’S FULL NAME:**    **CASEWORKER DIRECT TEL #:**    **EMAIL:** | **SUPERVISOR’S FULL NAME:**    **SUPERVISOR’S DIRECT TEL #:**    **EMAIL:** |

# SPECIAL ASSISTANT ATTORNEY GENERAL (SAAG)

|  |  |  |
| --- | --- | --- |
| **NAME:** | **TEL#:** | **FAX #:** |
| **ADDRESS INCLUDING ZIP CODE:** | **GEORGIA BAR #:** | **EMAIL:** |

**\*\*\*COPIES OF NOTICE OF INCLUSION AND HEARING REQUEST MUST BE ATTACHED\*\*\***