

# OSAH FORM 1

<b>OSAH USE ONLY:</b>	AGENCY <b>DFCS</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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## 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:**

<input type="checkbox"/> <b>CAR</b> (Child Abuse Registry – Appeal of Notice of Inclusion)	<input type="checkbox"/> <b>XPUCAR</b> (Request for Expungement from Registry)
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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: <input type="checkbox"/> LEGAL PARENT/GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> 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:	SUPERVISOR'S FULL NAME:
	CASEWORKER DIRECT TEL #:	SUPERVISOR'S DIRECT TEL #:
	EMAIL:	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\*\*\***

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

(OSAH Rev 05/2017)