## **OSAH FORM 1**

This form is available online at <a href="http://www.ganet.org/osah/form.html">http://www.ganet.org/osah/form.html</a> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DJJ	CASE TYPE  CPR	DOCKET NU	MBER		COUNTY	JUDGE
NAME OF REFERRING AGENCY: DEPARTMENT OF JUVENILE JUSTICE							
COUNTY OF JUVE	NILE'S RESIDENC	DE:					
DATE OF REQUES	T FOR HEARING:						
CONTACT PERSON	N IN REFERRING	AGENCY					
NAME:				TEL NO:	FAX NO:		
CURRENT ARRESO INCLUDING 7th CORE ON USARING REQUEST				POSITION	EMAI		
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST			1 comon				
					PAGE	iR:	
AGENCY'S ATTOR	NEY						
ATTORNEY NAME:				TEL NO:	FAX NO:		
CURRENT ADDRESS INCLUDING ZIP CODE			GEORGIA BAR NO:	EMAIL:			
					PAGE	R:	
JUVENILE  JUVENILE'S FIRST AND LAST INITIALS ONLY:				TEL NO:	FAX	10:	
PARENT(S) AND OR CUSTODIAL PARENTS:					EMAII	L:	
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST:							
JUVENILE'S ATTO	RNFY						
STUDENT'S ATTORNEY				TEL NO:	FAX	10:	
CURRENT ADDRESS INC	LUDING ZIP CODE:			GEORGIA BAR NO:	EMAI	L:	
					PAGE	R:	
PARTY REQUESTI	NG THE HEARING	G: □STUDENT'S	PARENT(S) O	R CUSTODIAN(S) □SCH	OOL SYSTEM	l	
DOCUMENT INITIA	TING THE HEARI	NG: As "Attachn	ment 1" to this	form, attach the documer	nt initiating the	hearing.	
ISSUES TO BE RES				egal issues and factual ma	atters to be res	solved at the h	earing
				ring any statutes or rule (s ving the matter referred.	state of federa	l) establishing	any
	JMENTS: In addition	on to routine servi	ce on the agen	cy's attorney, the agency	contact perso	on requests the	Э
☐ Service of all docum				• •			
☐ Service of a copy of	_						
☐ Service of a copy of							
☐ Service of copy of a	=	referring agend	cv at the add	dress indicated for th	ne contact i	nerson to th	16
				an alternative place			