

# OSAH FORM 1

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

<b>OSAH USE ONLY DOCKET NUMBER:</b>	<b>AGENCY CODE DOC</b>	<b>CASE TYPE</b>	<b>DOCKET NUMBER</b>	<b>COUNTY</b>	<b>JUDGE</b>
---	----------------------------	------------------	----------------------	---------------	--------------

**NAME OF REFERRING AGENCY: DEPARTMENT OF CORRECTIONS (DOC)**

**COUNTY OF NON-REFERRING PARTY'S RESIDENCE:**

**DATE OF REQUEST FOR HEARING:**

**CHECK ONE CASE TYPE**

<input type="checkbox"/> <b>IC</b> Initial FVIP Certification <input type="checkbox"/> <b>RC</b> FVIP Re-certification <input type="checkbox"/> <b>SC</b> Suspension of FVIP Certification <input type="checkbox"/> <b>REV</b> Revocation of FVIP Certification	<input type="checkbox"/> <b>AF</b> Administrative Fine <input type="checkbox"/> <b>TR</b> Approval of FVIP Training <input type="checkbox"/> <b>Other:</b>
--	--

**CONTACT PERSON IN REFERRING AGENCY**

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL  PAGER

**ATTORNEY FOR REFERRING AGENCY**

ATTORNEY NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL  PAGER

**NON-AGENCY PARTY**

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL  PAGER

**NON-AGENCY PARTY'S ATTORNEY**

ATTORNEY NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL  PAGER

**FOR PURPOSES OF THIS HEARING, The PETITIONER will be the**  **REFERRING AGENCY**  **NON-AGENCY PARTY.**

**PARTY REQUESTING THE HEARING:**  **REFERRING AGENCY**  **NON-AGENCY PARTY**  **NON-AGENCY PARTY'S ATTORNEY**

**DOCUMENT INITIATING THE HEARING:**  As "Attachment 1" to this form, attach the request for hearing and the agency notice that resulted in the request for a hearing.

**ISSUES TO BE RESOLVED:**  As "Attachment 2", attach an outline of the legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

**SPECIAL REQUIREMENTS:**  As "Attachment 3", attach a sheet identifying any statutes or rules (state or federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

**SERVICE OF DOCUMENTS:** In addition to routine service on the agency's attorney, the agency contact person requests the following:

- No service of documents prior to certification of the file to the agency after a decision.
- Service of all documents prior to certification of the file to the agency after a decision.
- Service of a copy of the notice of hearing.
- Service of a copy of a continuance.
- Service of copy of any interim orders.

**ALL DOCUMENTS will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.**