

# OSAH FORM 1

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

OSAH USE ONLY DOCKET NUMBER:	AGENCY <b>MED</b>	CASE TYPE <b>SE</b>	DOCKET NUMBER	COUNTY	JUDGE
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## MEDIATION REFERRALS FROM THE DEPARTMENT OF EDUCATION – (DOE)

COUNTY OF STUDENT'S RESIDENCE: \_\_\_\_\_

DATE OF REQUEST FOR HEARING: \_\_\_\_\_

### CONTACT PERSON IN REFERRING AGENCY – (DOE)

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

### SCHOOL SYSTEM

SCHOOL SYSTEM NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	CONTACT PERSON  POSITION	EMAIL:  PAGER:

### SCHOOL SYSTEM'S ATTORNEY

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

### STUDENT

STUDENT'S FIRST AND LAST INITIALS ONLY:	TEL NO:	FAX NO:
PARENT(S) AND OR CUSTODIAL PARENTS:		EMAIL:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST :		

### STUDENT'S ATTORNEY

STUDENT'S ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL:  PAGER:

PARTY REQUESTING THE HEARING:  STUDENT'S PARENT(S) OR CUSTODIAN(S)  SCHOOL SYSTEM

DOCUMENT INITIATING THE MEDIATION: As "Attachment 1" to this form, attach the document initiating the mediation.