

OSAH FORM 1

OSAH USE ONLY:	AGENCY OIG-RCC	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF HUMAN SERVICES OFFICE OF INSPECTOR GENERAL RESIDENTIAL CHILD CARE LICENSING UNIT

Non-Agency Party's County of Residence:	Date Hearing Request Filed with Agency:	Agency Reference Number:
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Check here if DENIAL of an APPLICATION is proposed/SCORECARD score is appealed:

Check here if a SANCTION against a LICENSE is proposed/SCORECARD score is appealed:

<input type="checkbox"/> CCI (Child-Caring Institution) <input type="checkbox"/> CPA (Child-Placing Agency) <input type="checkbox"/> CTCC (Children's Transition Care Center)	<input type="checkbox"/> MATH (Maternity Home) <input type="checkbox"/> OCCP (Outdoor Child-Caring Program)
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Check here if a CRIMINAL RECORDS CHECK was unsatisfactory:

<input type="checkbox"/> CRCEE (Employee or Director of Child Welfare Agency)	<input type="checkbox"/> CRCFP (Foster Parent or Adult in Foster Home)
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CONTACT PERSON AT REFERRING AGENCY

NAME:	TEL #:	FAX #:
ADDRESS INCLUDING ZIP CODE:	POSITION:	EMAIL:

ATTORNEY FOR REFERRING AGENCY

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

NON-AGENCY PARTY

NAME:	TEL #:	FAX #:
CURRENT ADDRESS INCLUDING ZIP CODE:		EMAIL:

ATTORNEY FOR NON-AGENCY PARTY (IF APPLICABLE)

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

PROSECUTOR LISTED ON CRIMINAL RECORD (IF APPLICABLE)

NAME:	TEL #:	FAX #:
ADDRESS INCLUDING ZIP CODE:		EMAIL:

*****DOCUMENT(S) INITIATING THE REFERRAL MUST BE ATTACHED*****