

# OSAH FORM 1

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

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE <b>SECSTATE</b>	CASE TYPE <b>CE</b>	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **GEORGIA SECRETARY OF STATE**

## CHALLENGE TO CANDIDATE QUALIFICATIONS

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

COUNTY OF CANDIDATE:

CONTACT PERSON IN REFERRING AGENCY

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

PETITIONER \*

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

ATTORNEY FOR PETITIONER

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

RESPONDENT \*\*

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

ATTORNEY FOR RESPONDENT

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

\* PARTY CHALLENGING QUALIFICATIONS IS THE PETITIONER

\*\* CANDIDATE IS THE RESPONDENT

Attach the Complaint to be served on the Respondent. Please also attach a sheet identifying any applicable statutes or rules and highlight any such statutes or rules that establish any specific timeframes or procedures that are to be applied by in resolving the matter.

Mail to: Clerk of Court  
Office of State Administrative Hearings  
225 Peachtree Street, NE, South Tower, Suite 400  
Atlanta, GA 30303