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 **SECSTATE**	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE

SECRETARY OF STATE

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:

☐ **Check Here if an Application Was Denied: (APP)** ☐ **Check Here if ALL Parties are Non-Agency parties**

Check One of the Following Case Types:

☐ **DEN (Denial of Registration)** ☐ **SECUR (Security Regulation)** ☐ **BOUND (Boundary Dispute)** ☐ **OTHER**

CONTACT PERSON IN AGENCY

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

PLAINTIFF *

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL:
ATTORNEY NAME (IF APPLICABLE)	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

DEFENDANT *

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL:
ATTORNEY NAME (IF APPLICABLE)	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

* Agency is the Plaintiff unless the action involves a denial of an application. If the agency is not a party, the party filing the complaint is the Plaintiff.