

# OFFICE OF STATE ADMINISTRATIVE HEARINGS

## OSAH FORM 2 - PETITION FOR DIRECT APPEAL

Representatives of Medicaid applicants or beneficiaries may file this form if they have submitted a hearing request to a state agency and, after at least thirty days, have not received notification that the request has been transmitted to the Office of State Administrative Hearings (OSAH).

**Filing this form does not guarantee that the case will be scheduled for a hearing.** A judge will review the information provided and issue a written order on whether scheduling a hearing is appropriate.

**In order for this form to be considered, you must include information sufficiently identifying the applicant/beneficiary, including the applicant/beneficiary's (1) name, (2) Social Security number, and (3) date of birth, and attach the form designating you or your organization as the applicant/beneficiary's representative.**

### APPLICANT/BENEFICIARY INFORMATION

NAME:	TEL #:
SOCIAL SECURITY #:	DATE OF BIRTH:
CURRENT ADDRESS INCLUDING ZIP CODE:	COUNTY OF RESIDENCE:

### ATTORNEY OR AUTHORIZED REPRESENTATIVE INFORMATION

NAME:	TEL#:	FAX #:
ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR # (if applicable):	E-MAIL:

### HEARING REQUEST INFORMATION

STATE AGENCY – Please identify the state agency that you submitted the hearing request to:	Date you submitted the hearing request to the agency:
AGENCY ACTION – Which of the following best describes the type of agency action that caused you to request a hearing? (Please select one)	
<input type="checkbox"/> Denial of Application <input type="checkbox"/> Reduction/Termination of Benefits	
<input type="checkbox"/> Other: _____	
DESCRIPTION – Please describe the agency action that caused you to request a hearing (you may attach a separate written description, if necessary):	

**SIGNATURE** – By signing below, you certify that the information in this form is correct and that you are not filing this form for any improper purpose

ATTORNEY/AUTHORIZED REP. SIGNATURE:	DATE:
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**FILING INSTRUCTIONS** – You may file this form by mailing it to **OSAH Direct Appeal, 225 Peachtree Street NE, Suite 400, Atlanta, GA 30303** or by sending it by fax to 404-818-3722 or as an e-mail attachment to [directappeal@osah.ga.gov](mailto:directappeal@osah.ga.gov). The Office of State Administrative Hearings does not accept documents attached to encrypted e-mails.