

OSAH FORM 1

OSAH USE ONLY:	AGENCY CSS	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD SUPPORT SERVICES **ENFORCEMENT ACTIONS**

County of Local Child Support Office:	Date Hearing Request Filed with Agency:	Agency Reference (\$TARS) Number:
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Check Only One:

<input type="checkbox"/> CR (Credit Reporting) <input type="checkbox"/> FEE (Collection of Overdue Fee) <input type="checkbox"/> GLS (Ga. License Suspension – driver’s, professional, etc.) <input type="checkbox"/> IDOH (Income Deduction Order Hearing) <input type="checkbox"/> LIEN (Lien for Real or Personal Property) NOTE: Financial institution liens must be filed in superior court. <input type="checkbox"/> ML (Motor Vehicle or Mobile Home Lien)	<input type="checkbox"/> PASS (Passport Suspension or Denial) <input type="checkbox"/> RED (Redirection of Support Payments) <input type="checkbox"/> SDCFS (Setoff Debt Collection – federal or state tax intercept) <input type="checkbox"/> UIB (Unemployment Insurance Benefits Intercept) <input type="checkbox"/> WC (Workers’ Compensation Intercept) <input type="checkbox"/> WD (Withhold and Deliver – Garnishment of Bonus or Commission Earnings)
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CONTACT PERSON AT LOCAL DCSS OFFICE

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

ATTORNEY FOR REFERRING AGENCY

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

NON-CUSTODIAL PARENT

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

ATTORNEY FOR NON-CUSTODIAL PARENT (IF APPLICABLE)

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

*****COPIES OF THE ENFORCEMENT LETTER AND APPEAL MUST BE ATTACHED*****