

OFFICE OF STATE ADMINISTRATIVE HEARINGS

OSAH FORM 2 - PETITION FOR DIRECT APPEAL

You may file this form when you have submitted a hearing request to a state agency and, after at least thirty days or a shorter period prescribed by law, have not received notification that your request has been transmitted to the Office of State Administrative Hearings (OSAH).

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

YOUR INFORMATION

NAME:	TEL #:
CURRENT ADDRESS INCLUDING ZIP CODE:	E-MAIL (if available):
COUNTY OF RESIDENCE:	

YOUR ATTORNEY'S INFORMATION (IF APPLICABLE)

NAME:	TEL#:	FAX #:
ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR #:	E-MAIL:

YOUR HEARING REQUEST

STATE AGENCY – Please identify the state agency that you submitted your hearing request to:	Date you submitted your 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)													
<table><tr><td><input type="checkbox"/> Licensing/Certification</td><td><input type="checkbox"/> DUI License Suspension</td></tr><tr><td><input type="checkbox"/> Denial of Application</td><td><input type="checkbox"/> Child Protective Services Information System (Child Abuse Registry)</td></tr><tr><td><input type="checkbox"/> Sanction (ex. fines, suspension, revocation, reprimand, etc.)</td><td><input type="checkbox"/> Child Support</td></tr><tr><td><input type="checkbox"/> Public Assistance (ex. Food Stamps, Medicaid, etc.)</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Denial of Application</td><td></td></tr><tr><td><input type="checkbox"/> Reduction/Termination of Benefits</td><td></td></tr></table>		<input type="checkbox"/> Licensing/Certification	<input type="checkbox"/> DUI License Suspension	<input type="checkbox"/> Denial of Application	<input type="checkbox"/> Child Protective Services Information System (Child Abuse Registry)	<input type="checkbox"/> Sanction (ex. fines, suspension, revocation, reprimand, etc.)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Public Assistance (ex. Food Stamps, Medicaid, etc.)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Denial of Application		<input type="checkbox"/> Reduction/Termination of Benefits	
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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. If you are represented by an attorney, only your attorney's signature is required.

YOUR SIGNATURE:	DATE:
ATTORNEY SIGNATURE (IF APPLICABLE):	DATE:

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 as an e-mail attachment to directappeal@osah.ga.gov.