OSAH FORM 1

This form is available by telephone request at (404) 657-2800

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| --- | --- | --- | --- | --- | --- |
| OSAH USE ONLY DOCKET NUMBER | AGENCY CODE | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |

NAME OF REFERRING AGENCY: **GEORGIA STUDENT FINANCE COMMISSION**

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

**Case Type:** ❒ Income Tax Refund Setoff to Pay Student Loan Debt to GSFA ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON IN REFERRING AGENCY

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

ATTORNEY FOR REFERRING AGENCY

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

NON-AGENCY PARTY

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

NON-AGENCY PARTY ATTORNEY

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

Attach the document initiating the hearing.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person’s attention unless written instructions provide an alternative place for service.

03/10/2020