

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
	COUNTY	CAC			

NAME OF REFERRING AGENCY: _____ **COUNTY ANIMAL CONTROL**

COUNTY OF OCCURRENCE: _____

DATE OF HEARING REQUEST: _____

CONTACT PERSON IN COUNTY ANIMAL CONTROL

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

ATTORNEY FOR ANIMAL CONTROL

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

ANIMAL OWNER

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

ANIMAL OWNER'S ATTORNEY

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE HEARING: COUNTY ANIMAL CONTROL COUNTY ANIMAL CONTROL'S ATTORNEY ANIMAL OWNER ANIMAL OWNER'S ATTORNEY

FOR PURPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE: PETITIONER RESPONDENT IN THIS MATTER.

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline the legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state of federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- No service of documents prior to certification of the file to the agency after a decision
- Service of all documents prior to certification of the file to the agency after a decision
- Service of a copy of the Notice of Hearing
- Service of a copy of a Continuance
- Service of a copy of any interim orders

ALL DOCUMENTS WILL BE MAILED TO THE REFERRING AGENCY AT THE ADDRESS INDICATED FOR THE CONTACT PERSON TO CONTACT PERSON'S ATTENTION UNLESS WRITTEN INSTRUCTIONS PROVIDE AN ALTERNATIVE PLACE FOR SERVICE.