OSAH FORM 1

This form is available online at http://www.osah.ga.gov or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DHS	DIVISION CODE CSS	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE

GEORGIA DEPARTMENT OF HUMAN SERVICES

OFFICE OF CHILD SUPPORT SERVICES (GENERAL CASES)

NCP County of Residence: «FIELD92»	Date Appeal Filed with Agency:	Agency Case Number: «FIELD52»
SELECT ONE CASE TYPE:		
☐ **CR** Credit Reporting ☐ **GC** Good cause ☐ **GLS** Georgia license suspensions ☐ **IDOH** Income Deduction Order Appeal ☐ **IDOR** Consent Income Deduction Order	☐ **LIEN** All administrative liens (other than FIL, LOTTO, ML, UIB, WC) ☐ **LOTTO** Lotto winning interception ☐ **ML** Motor vehicle or mobile home lien ☐ **PASS** Passport Denial/ suspension ☐ **OVERPAY** Overpayment of support	☐ **UIB** Unemployment insurance benefit interception ☐ **WC** Worker's compensation benefit interception ☐ **WD** Garnishment, withhold & delivery ☐ **OTHER, specify:** **NOTE: Financial Institution Liens (FIL) must be filed in superior court.**

AGENCY PARTY:

«FIELD81»	**Phone#:** «FIELD111»	**OCSS FAX NO**:
«FIELD82» «FIELD83» «FIELD84» «FIELD85» «FIELD86» «FIELD87»	OCSS AGENT: «FIELD88» «FIELD89»	**Direct#:** EMAIL:

ATTORNEY FOR AGENCY:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL: CELL:

NON-AGENCY PARTY – NON CUSTODIAL PARENT:

NAME: «FIELD14» «FIELD15» «FIELD16» «FIELD17»	TEL NO: «FIELD24»	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE «FIELD18» «FIELD19» «FIELD20» «FIELD21» «FIELD22»		EMAIL: CELL:

ATTORNEY FOR NON CUSTODIAL PARENT:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL: CELL:

INTERESTED PARTY - CUSTODIAL PARENT:

NAME: «FIELD1» «FIELD2» «FIELD3» «FIELD4»	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE «FIELD5» «FIELD6» «FIELD7» «FIELD8» «FIELD9»	GEORGIA BAR #:	EMAIL: CELL:

Mail to: Clerk, Office of State Administrative Hearings
225 Peachtree Street, NE, South Tower, Suite 400
Atlanta, GA 30303