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	DIVISION CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
	DHS	DCSS	SDCFS			

DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILD SUPPORT SERVICES

OFFSET DEBT COLLECTION CASES

Taxpayer's County of Residence: «FIELD92»	**Child Support Case Number:** «FIELD52»

PETITIONER (TAXPAYER):

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

PETITIONER'S ATTORNEY: **Make sure to type in Petitioner's attorney information if known.**

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

IF APPEAL ALSO FILED BY TAXPAYER'S SPOUSE - TAXPAYER'S SPOUSE:

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

RESPONDENT DEPARTMENT OF HUMAN SERVICES ex. rel.,

CHILD(REN) NAME: «FIELD150» «FIELD156» «FIELD162» «FIELD168»	**CHILD(REN) DAT E OF BIRTH:** «FIELD151» «FIELD157» «FIELD163» «FIELD169»	
«FIELD81»	**Phone NO:** «FIELD111»	**DCSS FAX NO**: «FIELD290»
«FIELD82» «FIELD83» «FIELD84» «FIELD85», «FIELD86» «FIELD87»	DCSS AGENT: «FIELD88» «FIELD90» «FIELD89»	**Direct #:** EMAIL:

RESPONDENT'S ATTORNEY:

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

*** Attach Copy of Taxpayer's Hearing Request and mail to (For submission to OSAH):**

Administrative Collections Unit Manger
Division of Child Support Services
Georgia Department of Human Services
2 Peachtree Street, NW; Suite 20-233
Atlanta, GA 30303