

# 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 <b>DCH</b>	DIVISION CODE <b>HFR</b>	CASE TYPE <b>CRC</b>	DOCKET NUMBER	COUNTY	JUDGE
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## GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### HEALTHCARE FACILITY REGULATION DIVISION (CRIMINAL RECORDS CHECK CASES)

**Check Here if an Application Was Denied:**

COUNTY OF EMPLOYEE'S RESIDENCE:	DATE REQUEST FOR HEARING FILED WITH AGENCY:	AGENCY CASE NUMBER:
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**Check One in Each Box Below:**

<b>Who was action taken against?</b> <input type="checkbox"/> Director of Facility <input type="checkbox"/> Employee of Facility	<b>Select Action Taken:</b> <input type="checkbox"/> Unsatisfactory Record Check Determination <input type="checkbox"/> Refused to grant or renew license <input type="checkbox"/> Revoked license <input type="checkbox"/> Suspended license <input type="checkbox"/> Other:
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#### AGENCY PARTY

AGENCY CONTACT PERSON	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	POSITION:	EMAIL: CELL:
ATTORNEY NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: CELL:

#### NON-AGENCY PARTY

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

#### PROSECUTOR(S) LISTED ON CRIMINAL RECORD

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