

**OSAH FORM 1**This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404) 657-2800.

<b>OSAH USE ONLY DOCKET NUMBER:</b>	<b>AGENCY CODE DOC</b>	<b>CASE TYPE SDCS</b>	<b>DOCKET NUMBER</b>	<b>COUNTY</b>	<b>JUDGE</b>
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**NAME OF AGENCY: DEPARTMENT OF CORRECTIONS (DOC)****CASE TYPE: STATE TAX INTERCEPT****COUNTY OF RESIDENCE:****DATE HEARING REQUEST FILED:****PETITIONER IS DEPARTMENT OF CORRECTIONS  YES  NO, IF NO:****CONTACT PERSON IN AGENCY**

<b>NAME</b>	<b>TEL NO</b>	<b>FAX NO</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST</b>	<b>POSITION</b>	<b>EMAIL</b> <b>PAGER</b>

**AGENCY'S ATTORNEY OR REPRESENTATIVE**

<b>ATTORNEY NAME</b>	<b>TEL NO</b>	<b>FAX NO</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE</b>	<b>GEORGIA BAR NO</b>	<b>EMAIL</b> <b>PAGER</b>

**PROBATIONER**

<b>PROBATIONER'S NAME</b>	<b>TEL NO</b>	<b>FAX NO</b> <b>EMAIL</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE</b>		

**PROBATIONER'S ATTORNEY (IF ANY)**

<b>PROBATIONER'S ATTORNEY NAME</b>	<b>TEL NO</b>	<b>FAX NO</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE</b>	<b>GEORGIA BAR NO</b>	<b>EMAIL</b> <b>PAGER</b>

**DOCUMENT INITIATING THE ACTION:**  As "Attachment 1" to this form, attach the notice of tax intercept, request for hearing and sentencing order.**ISSUES TO BE RESOLVED:**  As indicated in notice of tax intercept, request for hearing.**SPECIAL REQUIREMENTS:**  As "Attachment 3", attach a sheet identifying any statutes or rules (state or federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter.