

OSAH FORM 1

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OSAH USE ONLY DOCKET NUMBER	AGENCY CODE OCA	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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REFERRING AGENCY: **Joseph B. Doyle, Administrator of the Fair Business Practices Act of 1977
(GOVERNOR'S OFFICE OF CONSUMER AFFAIRS)**

CHOOSE ONE: **SDC** Setoff Debt Collections **UDTA** Unfair or Deceptive Trade Acts or Practices
 FBPA Fair Business Practices Act

DATE OF REQUEST FOR HEARING: _____

COUNTY OF NON-AGENCY PARTY'S RESIDENCE: _____

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	OTHER CONTACT NUMBER	EMAIL:

PLAINTIFF'S ATTORNEY

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

PLAINTIFF

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	OTHER CONTACT NUMBER	EMAIL:

DEFENDANT'S ATTORNEY

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

DEFENDANT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	OTHER CONTACT NUMBER	EMAIL:

Attach the Complaint or Petition for Hearing. Please also attach a sheet identifying any applicable statutes or rules and highlight any such statutes or rules that establish any specific timeframes or procedures that are to be applied by in resolving the matter.

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