

# 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 <b>PSC</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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## PROFESSIONAL STANDARDS COMMISSION

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
<input type="checkbox"/> Check Here if an Application Was Denied: (APP)		
<input type="checkbox"/> Check Here if a Sanction Is Proposed: (SAN)		
<input type="checkbox"/> Check Here if Sanction Involves Complaint By Student Against Educator Alleging Sexual Misconduct: (SM)		

### CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

### NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

### AGENCY PARTY

NAME	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO