OSAH FORM 1

OSAH USE ONLY DOCKET NUMBER:	AGENCY	CASE CODE	DOCKET NUMBER	COUNTY	JUDGE
	CSE	PAT			

(HEARING to establish Paternity, and Child Support, and/or Medical Support Only) (Paternity is an issue)

OCSE ($TARS) Case No.: «FIELD52» **«FIELD92» COUNTY CSE OFFICE**

GEORGIA DEPARTMENT OF HUMAN RESOURCES: PETITIONER

LOCAL CSE OFFICE

«FIELD81»	**Phone#:** «FIELD111»	**OCSE FAX NO**:
«FIELD82» «FIELD83» «FIELD84» «FIELD85» «FIELD86» «FIELD87»	OCSE AGENT: «FIELD88» «FIELD89»	**Direct#:** **E-MAIL**: **@dhr.state.ga.us**
Attorney Name (If applicable):	TEL NO:	FAX NO:
Current Address, including Zip	GEORGIA BAR#:	E-MAIL:
ALL DOCUMENTS ARE TO BE BROUGHT TO HEARING BY OCSE. DO NOT MAIL ANY DOCUMENTS TO BE INTRODUCED AS EVIDENCE.		**Direct#:** **E-MAIL**: **@dhr.state.ga.us**

Non-Custodial Parent (NCP): Respondent

«FIELD14» «FIELD15» «FIELD16» «FIELD17»	TEL NO**: «FIELD24»**	
CURRENT ADDRESS INCLUDING ZIP CODE IN HEARING REQUEST «FIELD18» «FIELD19» «FIELD20» «FIELD21» «FIELD22»		**E-MAIL**:
Attorney Name:	TEL NO:	FAX NO:
Current Address, including Zip	GEORGIA BAR#:	E-MAIL:

Custodial Parent (CP): Interested Party

«FIELD1» «FIELD2» «FIELD3» «FIELD4»	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE IN HEARING REQUEST «FIELD5» «FIELD6» «FIELD7» «FIELD8» «FIELD9»	NAMES AND DOB OF CHILD(REN): «FIELD150» «FIELD151» «FIELD156» «FIELD157» «FIELD162» «FIELD163» «FIELD168» «FIELD169»	**E-MAIL**:
Attorney Name:	TEL NO:	FAX NO:
Current Address, including Zip	GEORGIA BAR#:	E-MAIL:

Case filed on: DATE: «FIELD68»

Mail to: Clerk, Office of State Administrative Hearings
230 Peachtree Street, NW, Suite 850
Atlanta, GA 30303