

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 DHS | DIVISION CODE RCC | CASE TYPE CRC | DOCKET NUMBER | COUNTY | JUDGE |
|---------------------------------|---------------------------|--------------------------------|-------------------------|---------------|--------|-------|

GEORGIA DEPARTMENT OF HUMAN SERVICES

OFFICE OF RESIDENTIAL CHILD CARE (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: |
|---------------------------------|---|---------------------|

Check One in Each Box Below:

| | |
|--|--|
| Who was action taken against? <input type="checkbox"/> Director of Facility <input type="checkbox"/> Employee of Facility <input type="checkbox"/> Foster Parent | Select Action Taken: <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: |
|--|--|

Check One Below:

Child Caring Institution Child Placing Agency Therapeutic Camp Children's Transitional Care Center Maternity Home

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: |