

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 DBHADD	CASE TYPE SDPC	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES GEORGIA SEXUAL OFFENDER REGISTRATION REVIEW BOARD

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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(SDPC) SEXUALLY DANGEROUS PREDATOR CLASSIFICATION

CONTACT PERSON IN AGENCY

NAME AND TITLE OF CONTACT IN OFFICE	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION:	EMAIL:

AGENCY PARTY

NAME GEORGIA SEXUAL OFFENDER REGISTRATION REVIEW BOARD	DIRECT TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL:
ATTORNEY	TEL NO:	FAX NO:
ATTORNEY ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

NON-AGENCY PARTY

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