

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 CAMPAC	CASE TYPE SAN	DOCKET NUMBER	COUNTY	JUDGE
--------------------------------	------------------------------	-------------------------	---------------	--------	-------

NAME OF REFERRING AGENCY: **COUNTY AND MUNICIPAL PROBATION ADVISORY COUNCIL**

ACTION TAKEN: SUSPENSION REVOCATION REPRIMAND ASSESSMENT OF FINES CANCELLATION OF CONTRACT

DATE OF REQUEST FOR HEARING: _____ DATE FILED WITH CLERK: _____

COUNTY OF OCCURANCE: _____

CONTACT PERSON IN COUNCIL:

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

COUNCIL'S ATTORNEY:

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

PROBATION ENTITY:

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

PROBATION ENTITY'S ATTORNEY:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: CELL:

PARTY REQUESTING THE HEARING: COUNCIL PROBATION ENTITY

FOR PURPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE: PETITIONER RESPONDENT

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the hearing request, Official Notice and Case Summary

ISSUES TO BE RESOLVED: As "Attachment 2" to this form, attach an outline of legal issues and factual matters to be resolved at the hearing including specific statutes or rules applicable

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any applicable statutes or rule (state or federal) establishing any specific time deadlines or procedures

MAIL TO: CLERK, OFFICE OF STATE ADMINISTRATIVE HEARINGS
225 Peachtree Street, NE, SOUTH TOWER, SUITE 400
ATLANTA, GA 30303