

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY MED	CASE TYPE OTHER	DOCKET NUMBER	COUNTY	JUDGE
---------------------------------	----------------------	---------------------------	---------------	--------	-------

MEDIATION REFERRALS (EXCEPT FOR DEPARTMENT OF EDUCATION/SPECIAL EDUCATION)

COUNTY OF NON-AGENCY PARTY'S RESIDENCE: _____

DATE OF REQUEST: _____

CONTACT PERSON IN REFERRING AGENCY

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

REFERRING AGENCY ATTORNEY

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

NON-AGENCY PARTY

FIRST AND LAST INITIALS ONLY:	TEL NO:	FAX NO:
PARENT(S) AND OR CUSTODIAL PARENTS:		EMAIL:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST :		

NON-AGENCY PARTY'S ATTORNEY

STUDENT'S ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE MEDIATION: REFERRING AGENCY NON-AGENCY PARTY NON-AGENCY PARTY'S ATTORNEY

DOCUMENT INITIATING THE MEDIATION: As "Attachment 1" to this form, attach the document initiating the mediation.