STATE OF CALIFORNIA — HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

# 子女撫養 – 不合作的正當原由申訴

我不願意合作建立父系以得到撫養費因為這樣做對申請補助的孩子（們）並不是最佳利益。理由如下：請打（✔）：
我相信這會導致**使孩子受傷害**的危險加增：

**A)** ☐ 身體上的傷害

**B)** ☐ 性傷害

**C)** ☐ 情感上的傷害

我不願意合作因為：

**D)** ☐ 這（些）孩子是因近親性侵犯／強暴而受孕的。

**E)** ☐ **家庭虐待**的危害加增。

**F)** ☐ 為收養這（些）孩子的法律程序正在進行中。

**G)** ☐ 我正跟公立或持執照的私立收養代理機構合作，以決定是否應留下孩子或讓他們被領養。

**H)** ☐ 我有其他不合作的可靠理由。請解釋：

_____
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**郡政府專用**

CASE NAME

CASE NUMBER

DATE OF APPLICATION

CARETAKER RELATIVE (IF DIFFERENT)

RELATIONSHIP TO CHILD(REN)

NONCUSTODIAL PARENT/ALLEGED FATHER

NAME OF CHILD(REN) OF NONCUSTODIAL PARENT/ALLEGED FATHER

## 證明

我要為不願意合作申訴正當原由，不合作的理由如以上所勾劃的。我了解我會被要求證明我不合作是有正當的原由。

**我在 美國及加州法律對偽證作懲罰下聲明，在這份報告中所有的資料正確無誤並且是全面的。**

申請人或領取人簽名 | 日期

**EVIDENCE PROVIDED**

- ☐ No investigation
- ☐ No evidence provided
- ☐ Birth certificate
- ☐ Medical records
- ☐ Court documents
- ☐ Social agency letter
- ☐ Mental health professional letter
- ☐ Sworn statement
- ☐ Other

## 申訴決定 – 郡政府專用

TO: **LOCAL CHILD SUPPORT AGENCY** THIS CLAIM IS FOR ☐ CHILD SUPPORT ☐ MEDICAL SUPPORT

GOOD CAUSE EXISTS AND IS BASED ON: (✔)

- A ☐ Increased risk of **physical harm** to child(ren)
- B ☐ Increased risk of **sexual harm** to child(ren)
- C ☐ Increased risk of **emotional harm** to child(ren)
- D ☐ Incest or rape
- E ☐ Increased risk of **domestic abuse** to parent/caretaker
- F ☐ Legal adoption before the court
- G ☐ Preadoptive services
- H ☐ Other credible reason(s) for not cooperating

Explain good cause:

1. Request for Good Cause has been denied.

   Give reasons:

2. Was determination based on physical harm without evidence? ☐ YES ☐ NO

3. Was determination based solely on examination of evidence without investigation? ☐ YES ☐ NO

4. May enforcement proceed without applicant/recipient participation? ☐ YES ☐ NO

| CWD REPRESENTATIVE'S SIGNATURE | WORKER NUMBER | PHONE NUMBER | DATE OF DECISION |
|---|---|---|---|
| SUPERVISOR'S SIGNATURE | | | DATE OF DECISION |