

COUNTY USE ONLY

CHILD SUPPORT — GOOD CAUSE CLAIM FOR NONCOOPERATION

I do not want to cooperate to establish paternity and to obtain support because it is not in the best interest of the child(ren) for whom aid is requested. Here's why: Check (✓):
 I expect it to result in increased risk of **harm to the child(ren)**:

- A) Physical harm
- B) Sexual harm
- C) Emotional harm

I do not want to cooperate because:

- D) The child(ren) was conceived due to incest/rape.
- E) Increased risk of **domestic abuse**.
- F) Legal court proceedings are going on for the adoption of the child(ren).

G) I am working with a public or licensed private adoption agency that is helping me decide whether to keep the child(ren) or to place them for adoption.

H) I have other credible reason(s) for not cooperating. Explain: _____

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 _____

CERTIFICATION

I want to claim Good Cause for refusing to cooperate for the reasons checked above. I understand I may be asked to prove that I have Good Cause for refusing to cooperate.
I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained on this report are true, correct, and complete.

SIGNATURE OF APPLICANT OR RECIPIENT _____

DATE _____

EVIDENCE PROVIDED

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

CLAIM DETERMINATION - COUNTY USE ONLY

- The child welfare department has determined that it is not in the child's best interest to refer the case to child support per California Code of Regulations 31-503 as it would pose a barrier to the parents'/guardians' ability to meet at least one of the following:
 - Reunification/case plan requirements
 - Current/future financial needs of family
 - Needs of other children in household at risk of removal
 - Permanency plan with related legal guardianship under the KinGAP program
- The child welfare department has determined that it is not contrary to the child's best interest to refer the case to child support.

SOCIAL WORKER SIGNATURE _____

PHONE NUMBER _____

DATE OF DETERMINATION _____

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/guardianship 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 _____