

**NOTICE OF FORM CHANGE NO. 03-148**

DATE

09/24/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CW 51 Spanish (7/01)  
Child Support - Good Cause Claim For Noncooperation

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 7/01	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  
**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

Other:

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Due to low usage the Spanish CW 51 has been made Master Only.

Print form: 8 1/2 x 11 one sided

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**SOLO PARA USO DEL CONDADO**

**MANTENIMIENTO DE HIJOS — PETICION PARA NO COOPERAR DEBIDO A UN MOTIVO JUSTIFICADO**

No quiero cooperar para establecer la paternidad ni para obtener mantenimiento porque no es lo mejor para los niños para los cuales se solicita la asistencia. La razón es la siguiente: Marque (✓):  
 Creo que resultará en un aumento en el riesgo de **daño a los niños**:

- A)  Daño físico
- B)  Daño sexual
- C)  Daño emocional

No quiero cooperar porque:

- D)  La concepción de este niño (o niños) fue debido a incesto/violación.
- E)  Habría un aumento en el riesgo de **abuso doméstico**.
- F)  Trámites legales de la corte están en proceso para la adopción del niño (o niños).

- G)  Estoy trabajando con una oficina pública o una agencia privada de adopciones la cual me está ayudando a decidir si los niños deben quedar conmigo o si debo colocarlos en adopción.
- H)  Tengo otro(s) motivo(s) creíble(s) para no cooperar. Explique: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

**CERTIFICACION**

Quiero declarar que tengo un motivo justificado para rehusarme a cooperar debido a las razones indicadas en la parte superior de este formulario. Entiendo que es posible que me pidan que compruebe que tengo un motivo justificado para rehusarme a cooperar.

**Declaro bajo pena de perjurio, bajo las leyes de los Estados Unidos de América y del Estado de California, que los datos que contiene este reporte son verdaderos, correctos, y completos.**

FIRMA DEL SOLICITANTE O BENEFICIARIO

FECHA

**EVIDENCE PROVIDED**

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

**DETERMINACION DE LA PETICION - SOLO PARA USO DEL CONDADO**

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