GOOD CAUSE CIRCUMSTANCES

You may claim to have good cause for refusing to cooperate if you believe that such cooperation would not be in the best interests of your child. The following are circumstances under which the Division of Family Services may determine that you have good cause for refusing to cooperate:

- 1. Your cooperation is reasonably expected to result in:
 - a. Serious physical or emotional harm to the child, or
 - b. Physical or emotional harm to you which is so serious that it reduces your ability to adequately care for the child.
 - c. Physical or emotional harm to you as a result of domestic violence.
- 2. Establishing paternity or securing support will be detrimental to the child because:
 - a. The child was conceived as a result of incest or forcible rape (as opposed to statutory rape), or
 - b. Court proceedings are going on for adoption of the child; or
 - c. You are not working with an agency helping you to decide whether to place the child for adoption and such help has not been given for more than 3 months.

PROVING GOOD CAUSE

It is your responsibility to:

- 1. Provide the Division of Family Services with the evidence needed to determine whether you have good cause for refusing to cooperate (if your reason for claiming good cause is your fear of physical harm and it is impossible to obtain evidence, the Division of Family Services may still be able to make a good cause determination after an investigation of your claim).
- 2. Give the necessary evidence to the agency within 20 days after claiming good cause. The Division of Family Services will give you more time only if it determines that more than 20 days are required because of the difficulty in obtaining the evidence.

The Division of Family Services may:

- 1. Decide your claim based on the evidence which you give to the agency, or
- 2. Decide to conduct an investigation to further verify your claim. If the Division of Family Services decides an investigation is needed, you may be required to give information to help the investigation. The agency will not contact the absent parent without first telling you.

NOTE: If you are an applicant for assistance, you will not receive your share of the grant until you have given the agency the evidence needed to support your claim, and, if requested, the information needed to permit an investigation of your claim.

EXAMPLES OF ACCEPTABLE EVIDENCE

The following are examples of acceptable kinds of evidence the Division of Family Services can use in determining if good cause exists.

- 1. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the absent parent might inflict physical or emotional harm on the child or you (to a degree that would affect your capacity to adequately care for the child) as a result of cooperation.
- 2. Medical records which include the emotional health history and present emotional health of the child or you, or written diagnosis or prognosis from a mental health professional indicating the emotional health of the child or you; either of which indicates that emotional harm to the child or to you (of a degree that would affect your capacity to care for the child) would result from cooperating.

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3. Birth certificates, medical or law enforcement records which indicate the child was conceived as a result of forcible rape or incest.
4. Court documents or other records to indicate legal adoption procedures are pending.
5. Written statements from public or private social agency (as recognized in the community) which states that you are being assisted by the agency to resolve the issue of whether to keep the child or relinquish him for adoption and such assistance has been given for less than three months.
6. Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim.
7. In cases of Domestic Violence an oral statement will be accepted.
CHILD SUPPORT AGENCY PARTICIPATION AND ENFORCEMENT
The Division of Child Support Enforcement may review the Division of Family Service's findings and the basis for a good cause determination in your case. If you request a hearing regarding this issue of good cause for refusing to cooperate, the Division of Child Support Enforcement may participate in that hearing.
If you are found to have good cause for not cooperating, the Division of Child Support Enforcement will not attempt to establish paternity or collect support.
IF YOU HAVE ANY QUESTIONS CONCERNING THE ABOVE INFORMATION, PLEASE ASK YOUR CASEWORKER.
I have read, or have had read to me, and understand this notice concerning my right to claim good cause for refusing to cooperate.
☐ I DO NOT claim good cause for refusal to cooperate in obtaining support.
☐ I DO claim good cause for refusal to cooperate in obtaining support because:
☐ My cooperation is reasonably expected to result in:
 □ Physical harm to the child □ Emotional harm to me which is so serious that it reduces my ability to adequately care for the child. □ Emotional harm to me which is so serious that it reduces my ability to adequately care for the child. □ Physical or emotional harm to me as a result of domestic violence. □ Establishing paternity or receiving support will be detrimental to the child because: □ The child was conceived as a result of incest or forcible rape (as opposed to statutory rape), or □ Legal proceedings for adoption of the child are pending before a court, or □ I am currently being assisted by a public or private social agency to resolve the issue of whether to keep the child or relinquish him for adoption and these discussions have not taken place for more than three months.
NOTE: If you do not wish to claim good cause for refusal to cooperate at this time, you may change your mind and claim good cause at any future time. If you decide to claim good cause in the future, you must contact your caseworker at that time to make your good cause claim.

I HAVE PROVIDED THE APPLICANT/PARTICIPANT WITH A COPY OF THIS NOTICE.

SIGNATURE OF CASEWORKER

DATE

DATE

SIGNATURE OF APPLICANT/PARTICIPANT