



**NOTICE OF REQUIREMENT TO COOPERATE AND RIGHT TO CLAIM GOOD CAUSE FOR
REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT**

BENEFITS OF CHILD SUPPORT ENFORCEMENT

Your cooperation in the child support enforcement process may be of value to you and your child because it might result in the following benefits:

1. Finding the absent parent;
2. Legally establishing the child's paternity;
3. The possibility that support payments may be higher than your welfare grant if you receive Temporary Assistance cash;
4. The possibility that you and your children may obtain rights to future social security, veterans, or other governmental benefits;
5. The possibility that medical support may be obtained for your child.

WHAT IS MEANT BY COOPERATION?

The law requires you to cooperate with the State of Missouri to get any child support payments owed to you and any of the children for whom you want Temporary Assistance cash and requires you to cooperate in obtaining medical support for children for whom you want healthcare coverage, unless you have good cause for not cooperating.

In cooperating with the State, you may be asked to do one or more of the following things:

1. Name the parent of any child applying for or receiving Temporary Assistance cash and/or healthcare coverage, and give information to help find the parent;
2. Help determine legally who the father is if your child was born out of wedlock;
3. Give help to obtain child support payments owed to you or the children receiving Temporary Assistance cash;
4. Pay to the State any money which is given directly to you by the absent parent if you receive Temporary Assistance cash; and
5. Come to the Family Support Division Office, Child Support Enforcement Office, or court, etc. to sign papers or give necessary information or documentary evidence.

WHAT IS MEANT BY GOOD CAUSE?

You may have good cause not to cooperate in the State's efforts to collect child support and/or medical support. You may be excused from cooperating if you believe that cooperation would not be in the best interest of your child, and if you could provide evidence to support this claim.

IF YOU DO NOT COOPERATE AND YOU DO NOT HAVE GOOD CAUSE

1. Your Temporary Assistance benefit will be reduced by 25%.
2. You may be ineligible for healthcare coverage.
3. Your children will still be eligible for Temporary Assistance and/or healthcare coverage for their own needs.

HOW AND WHEN YOU MAY CLAIM GOOD CAUSE

1. If you want to claim good cause, you must tell a caseworker that you think you have good cause. You can do this at any time you believe you have good cause not to cooperate.
2. If you claim "good cause" you must be given another notice. This second notice will explain the circumstances under which the Family Support Division may find good cause, and the type of evidence or other information the Family Support Division needs to decide your claim. You may also ask for this second notice to help you decide whether to claim good cause.

If you have any questions concerning the above information, please ask your eligibility specialist.

I HAVE READ, OR HAVE HAD READ TO ME, AND UNDERSTAND THIS NOTICE CONCERNING MY RIGHT TO CLAIM GOOD CAUSE FOR REFUSING TO COOPERATE.

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

SIGNATURE OF ELIGIBILITY SPECIALIST ▶	DATE
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APPLICANT/PARTICIPANT INFORMATION

PLEASE READ CAREFULLY

THIS APPLIES TO TEMPORARY ASSISTANCE PARTICIPANTS

When you sign the Temporary Assistance application, you are transferring to the State of Missouri all of your rights to child support and maintenance or alimony including arrearages or past due support. The maximum amount of support that the State of Missouri may keep is the amount paid to you in Temporary Assistance payments.

When you assign your rights to support to the State of Missouri, you may **not**:

1. Make any agreement with the person who owes support which would change or eliminate the duty to pay past unpaid child support;
2. Make any agreement with the person who owes support which would affect the duty to pay current support;
3. Make any agreement with the person who owes support which would affect the duty to pay or the amount of future support;
4. Should you request a private attorney to collect either current or past support for you, you should advise him/her that all money collected will go to the State as long as the Assignment is in effect for current child support or arrearages. Should the state's claim be fully satisfied, the State will refund any overpayments.
5. You may **not** agree to any substitute for the support payments that were ordered by the court. For example, you cannot agree to let the person who owes support make the house or car payment instead of the cash child support payment.

If you receive any child support between the date of this assignment and the date of your approval, you must notify your Temporary Assistance worker so it can be budgeted.

If you are receiving child support when you are approved for Temporary Assistance, all child support must be sent to the Child Support Enforcement Unit the month following the month of your approval. **EXAMPLE:** You are receiving child support payments when you apply for Temporary Assistance in October. If your Temporary Assistance case is approved in November, you must send all support received in December or after to the Child Support Enforcement Unit.

If you are not receiving child support payments when you apply, and your Temporary Assistance case is approved, all support, should you later receive any, must go to the Child Support Enforcement Unit beginning with the first day of the month you will receive your first Temporary Assistance benefits.

When the state collects the support, you need not be concerned about whether the support money will come on time, be late, or not be the right amount. If a parent is not making appropriate support payments, the state will take legal action to see that such payments are made directly to the state. Your Temporary Assistance benefits will be the full amount to which you are entitled without consideration of the support.

If at any time the support collected equals or exceeds your Temporary Assistance grant, you will be notified. If your Temporary Assistance case is closed, the support will be sent to you. Once your Temporary Assistance case is closed, the state may collect and keep support that is past due at that time to repay the amount of assistance given you. However, no current support would be retained by the state to repay past due support obligations.

THIS APPLIES TO MEDICAID RECIPIENTS

When you and your children are approved for healthcare coverage, you transfer your rights to medical support to the State of Missouri. You must cooperate with the Division of Child Support Enforcement in obtaining medical support. If you refuse to cooperate without "good cause", your child(ren) may still be eligible for healthcare coverage but you will not.

As a service, the Family Support Division - Child Support Enforcement will pursue and collect child support payments which will be sent to you.

Please ask your caseworker/case manager to help you or contact your nearest Child Support Enforcement Office if you have further questions.



SECOND NOTICE OF RIGHT TO CLAIM GOOD CAUSE FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT

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 Family Support Division 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 Family Support Division 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 Family Support Division 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 Family Support Division 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 Family Support Division 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 Family Support Division 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 Family Support Division 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.

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 STAFF PARTICIPATION

Child Support Enforcement may review the Family Support Division 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, Child Support Enforcement may participate in that hearing.

If you are found to have good cause for not cooperating, 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 the child
 - Physical 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.

SIGNATURE OF APPLICANT/PARTICIPANT ▶	DATE
I HAVE PROVIDED THE APPLICANT/PARTICIPANT WITH A COPY OF THIS NOTICE.	
SIGNATURE OF CASEWORKER ▶	DATE



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
REFERRAL/INFORMATION FOR CHILD SUPPORT SERVICES

THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF

APPLICANT'S DEPARTMENTAL CLIENT NUMBER (DCN) _____ Temporary Assistance Medicaid-Only

THIS SECTION TO BE COMPLETED BY APPLICANT

COMPLETE EVERY ITEM ON THIS FORM EVEN IF YOU HAVE GIVEN THE INFORMATION BEFORE. THIS FORM REQUESTS INFORMATION NEEDED TO TAKE ACTION ON YOUR CHILD SUPPORT CASE.

THE APPLICANT IS (I.E., RELATIONSHIP TO THE CHILD) ▶
 MOTHER FATHER GRANDPARENT OTHER _____

CUSTODIAL PARENT/CUSTODIAN INFORMATION

NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____
 ADDRESS (NUMBER AND STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____
 HOME PHONE NUMBER (INCLUDE AREA CODE) _____ CELL PHONE NUMBER (INCLUDE AREA CODE) _____ WORK PHONE NUMBER (INCLUDE AREA CODE) _____
 SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ RACE _____ SEX _____

NONCUSTODIAL PARENT OR ALLEGED FATHER INFORMATION

NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____ ALIAS _____
 ADDRESS (NUMBER AND STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____
 HOME PHONE NUMBER (INCLUDE AREA CODE) _____ CELL PHONE NUMBER (INCLUDE AREA CODE) _____ WORK PHONE NUMBER (INCLUDE AREA CODE) _____
 SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ RACE _____ SEX _____

CHILDREN OF THE CUSTODIAL PARENT AND NONCUSTODIAL PARENT/ALLEGED FATHER

CHILD'S DCN OR SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX

IF THE CHILD(REN) WERE BORN OUT OF STATE, ATTACH A COPY OF THE BIRTH CERTIFICATE, IF AVAILABLE.

MARITAL STATUS AND COURT INFORMATION

ARE THE PARENTS OF THE CHILD(REN)
 MARRIED? NEVER MARRIED? FILED FOR DIVORCE? DIVORCED?

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION
 ▶ DATE _____ LOCATION (CITY, COUNTY AND STATE) _____

IF THE PARENTS ARE DIVORCED OR HAVE FILED FOR DIVORCE, PROVIDE DATE AND LOCATION
 ▶ DATE _____ LOCATION (CITY, COUNTY AND STATE) _____

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?
 YES NO UNKNOWN

IF YES ▶ WHERE (CITY, COUNTY AND STATE) _____ WHEN _____

WAS THE MOTHER MARRIED TO A MAN OTHER THAN THE NONCUSTODIAL PARENT/ALLEGED FATHER WHEN SHE BECAME PREGNANT OR WHEN THE CHILD(REN) WAS/WERE BORN?
 YES NO UNKNOWN

IF YES, GIVE NAME ▶ NAME _____ LOCATION (CITY, COUNTY AND STATE) _____

HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT?		
<input type="checkbox"/> YES (ATTACH A COPY OF THE ORIGINAL COURT ORDER AND ANY MODIFICATIONS) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

IF YES, COMPLETE COURT INFORMATION		DATE OF ORDER
▶ COUNTY AND STATE OF COURT OF COURT ORDER		

ORDER NUMBER	AMOUNT PER CHILD \$	FREQUENCY (WEEKLY, MONTHLY, ETC.)
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COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN

HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT?	
<input type="checkbox"/> YES (ATTACH A COPY OF THE COURT ORDER) <input type="checkbox"/> NO	

IF YES, COMPLETE COURT INFORMATION		DATE OF ORDER	ORDER NUMBER
▶ COUNTY AND STATE OF COURT OF COURT ORDER			

HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)?		IF YES, IN WHICH STATE?
<input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) <input type="checkbox"/> NO		

HAS A PATERNITY TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)?		IF YES, IN WHICH STATE?
<input type="checkbox"/> YES (ATTACH A COPY OF THE RESULTS) <input type="checkbox"/> NO		

IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? (ATTACH ADDITIONAL SHEET IF NECESSARY)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YES		PHONE NUMBER (INCLUDE AREA CODE)
▶ NAME		
ADDRESS		

NAME		PHONE NUMBER (INCLUDE AREA CODE)
ADDRESS		

OCCUPATIONAL AND SOCIAL INFORMATION

IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW EMPLOYED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

IF YES		PHONE NUMBER (INCLUDE AREA CODE)
▶ NAME OF EMPLOYER		

ADDRESS		WORK HOURS
		FROM TO

WHAT ARE THE NAMES AND ADDRESS OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?

FATHER'S NAME	FATHER'S ADDRESS
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MOTHER'S NAME	(MAIDEN NAME)	MOTHER'S ADDRESS
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About our request for Social Security number (SSN) information: We need your SSN and that of your child(ren); the SSNs will be used to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. Disclosure of these SSNs is mandatory per section 466(a)(13) of the Social Security Act. We also ask that you provide the noncustodial parent's or alleged father's SSN if you know it. We need this information in order to identify the other parent in our records, to establish a support order, or to enforce a support order. Failure to provide this information may cause delays in delivering appropriate services to you.

I certify that all information I gave on this form is true and complete to the best of my knowledge.

APPLICANT SIGNATURE	DATE
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THIS SECTION TO BE COMPLETED BY INCOME MAINTENANCE STAFF

WORKER'S NAME (PLEASE PRINT)	IM OFFICE	DATE
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NOTATIONS OF INCOME MAINTENANCE WORKER
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Return the completed form to: Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.

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