

Client Statement of Good Cause

Instructions: Fill out a separate form for each noncustodial parent indicating if you are or are not making a claim of good cause. Be sure to sign the bottom of this form.

YOUR NAME (Last, First, Middle)	OTHER PARENT'S NAME* (Last, First, Middle)	ASSISTANCE CASE NO.
CHILD SUPPORT CASE NUMBER (If Known)		

* Name of parent for whom applicant is claiming good cause.

Programs: (Check all that apply)

I am an applicant for or recipient of:

- ☐ Minnesota Family Investment Program (MFIP)
☐ Title IV-E Foster Care
☐ Diversionary Work Program (DWP)
☐ Child Care Assistance only
☐ Medical Assistance (MA)

Good cause claim:

Decision: (Check the appropriate box below to indicate if you **are** or **are not** making a claim of good cause.)

- ☐ I do not wish to make a good cause claim. Go to the end of this form and sign it.
☐ I am making a claim of good cause for not cooperating with the child support agency in establishing paternity and in collecting child support for my child(ren); I know I must give any proof I can to support my claim.

Reasons for good cause claim: (Check all the boxes that apply)

- ☐ If I help you, I think physical or emotional harm will come to my child(ren).
☐ If I help you, I think physical harm will come to me and it will reduce my ability to adequately care for my child(ren).
☐ If I help you, I think emotional harm will come to me and this harm will be such that it will reduce my ability to adequately care for my child(ren).
☐ My child was conceived as a result of rape or incest.
☐ Court action is going on to adopt my child(ren).
☐ I am working with an agency that is helping me decide whether I should place my child(ren) for adoption.

Names of child(ren):

Indicate the name of the child(ren) for whom you are making a claim of good cause. If good cause is granted, no child support enforcement actions will be taken for the child(ren) listed on this form. If you currently have an open case at the county for other children you have with the parent listed on this form, the case will remain open and enforcement actions will be taken unless you are making a claim of good cause for them. If you want to make a claim of good cause for other children you have with the parent, check the box below. Child support enforcement actions will stop immediately for the other children you have with the parent if you choose to make a claim of good cause.

I am making a claim of good cause for the child(ren) listed below: (Check the box that applies)

- ☐ I do not have other children with the parent.
☐ I have other children with the parent listed on this form and wish to include them in my claim of good cause. I understand that child support enforcement actions will stop when I make a good cause for the other children.
☐ I have other children with the parent listed on this form, but I am not making a claim of good cause for the other children.

CHILD'S NAME (LAST, FIRST, MIDDLE)	CHILD'S NAME (LAST, FIRST, MIDDLE)
CHILD'S NAME (LAST, FIRST, MIDDLE)	CHILD'S NAME (LAST, FIRST, MIDDLE)

Comments: In the space below, tell us the facts that you think support your claim for good cause. Attach more pages if you need more space. **Be sure to sign this form below.**

ASSISTANCE CASE NO.

Signatures: I have read this notice about my right to claim good cause for refusing to cooperate. I understand that I can discuss any part of this notice I find unclear with my financial worker, child care worker, child support worker or anyone else I choose, including a lawyer or welfare advocate.

SIGNATURE OF APPLICANT/RECIPIENT	DATE	Agency use <input type="radio"/> Approved <input type="radio"/> Not approved
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