

CHILD SUPPORT COOPERATION STATEMENT

Temporary Assistance program rules require you to cooperate with child support activities unless you have a good reason not to. If you do not cooperate or establish good cause, your grant will be reduced and you will have to name another person to act as protective payee to receive your Temporary Assistance benefits on behalf of your children.

You have 10 days from the date of this notice to:

(1) Cooperate by completing the following activity: _____
_____, or

(2) Claim good cause for not cooperating and provide information to support your claim, or

If you wish to claim good cause for not cooperating, you must complete the following information and return this form to me by _____.

I do not want to cooperate with child support activities at this time, because I have good cause.
I realize I must provide adequate information with this notice to support my claim, or it will be denied. I claim good cause because:

- | Check One: | Person(s) Affected |
|--|--------------------|
| <input type="checkbox"/> Physical harm may occur to me or my child. | _____ |
| <input type="checkbox"/> Emotional harm may occur to me or my child. | _____ |
| <input type="checkbox"/> Child was conceived through rape or incest. | _____ |
| <input type="checkbox"/> Legal proceedings for adoption are pending. | _____ |
| <input type="checkbox"/> I may give up the child for adoption. | _____ |

Your Signature _____ Date _____

If you do not want to cooperate in child support activities or claim good cause, you must name another person to receive your Temporary Assistance on behalf of your children. Please complete this information:

Payee Name _____ Phone Number _____
Address _____
Your Signature _____ Date _____

RETURN THIS FORM TO YOUR PUBLIC ASSISTANCE OFFICE