

### 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

- |   |       |
|---|-------|
| ( ) Physical harm may occur to me or my child.  | _____ |
| ( ) Emotional harm may occur to me or my child. | _____ |
| ( ) Child was conceived through rape or incest. | _____ |
| ( ) Legal proceedings for adoption are pending. | _____ |
| ( ) 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**