Good Cause Claim

Use of Form: Personal information you provide may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wisconsin Statutes.] This form will be used to decide good cause under Wis Admin Code s. DCF 102.06. This form provides information on claiming good cause to not require cooperation with the Child Support Agency and documents the participants good cause claim. This form is voluntary.

Instructions: A participant who is claiming good cause shall complete and sign the last page of this form and return it to the program agency. Administering program agencies will retain this form in the participant's case record.

Your safety is our priority. If you have concerns about your safety or the safety of your children, please let your agency or case worker know.

The purpose of this form is for you to tell us about your situation and how it prevents you from working with the Child Support Agency.

The Wisconsin Works (W-2), BadgerCare Plus, Medicaid or Child Care agency may decide you have good cause in the following situations:

1. Working with the Child Support Agency could cause physical and/or emotional harm to your child, including child kidnapping;
2. Working with the Child Support Agency could cause physical and/or emotional harm to you, including domestic abuse;
3. Working with the Child Support Agency would make it harder for you to escape domestic abuse or risk further domestic abuse;
4. A petition for the adoption of your child has been filed with a court;
5. You are working with an agency that is helping you decide whether to place your child up for adoption; or
6. Your child was born as a result of incest or sexual assault.

Supporting Information:

If you would like to claim good cause for one of the reasons listed above, you will have to provide the agency with information that supports your claim within 20 days from the date you return this form to them. The agency can give you more time if it is hard to get this information.

The following are examples of items you can use to support your claim:

1. A signed statement from someone who knows of the events, including but not limited to, a friend, neighbor, clergy, social worker, or medical professional;
2. A written statement from a public or private agency confirming that they are helping you decide whether to place your child up for adoption;
3. Court or other records which show that a petition for adoption of the child has been filed;
4. Medical records or written statements from a mental health professional about the emotional health history, current emotional health status, or expected health outcome of the parent or child;

5. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the other parent might inflict physical or emotional harm on you or your child;
6. Birth certificates, medical, or law enforcement records which show that the child was conceived as the result of incest or sexual assault;
7. Any other information that supports your claim.

If the information you give to the agency is not enough to decide if you have good cause, The Wisconsin Works, BadgerCare Plus, Medicaid or Child Care agency will tell you what other information you need to give them and can help you get the information if needed.

If you don't have documentation to support your claim, the agency may still be able to decide if you have good cause after reviewing your claim. The agency may decide to further research any good cause claim, and they may need your help in the review process.

The safety of you and your child(ren) is our priority. The agency will not contact the other parent under any circumstances until a decision about your good cause claim has been made.

Decision:

The Wisconsin Works, county or tribal human/social services agency **will decide within 45 days** if you have good cause based on the information you provided and will contact you with their decision immediately.

Wisconsin Works services, Caretaker Supplement, Wisconsin Shares Child Care, BadgerCare Plus or Medicaid cannot be denied, delayed, reduced, or stopped while good cause is being decided.

If the agency decides you have "good cause" for not cooperating, they will tell the Child Support Agency of the decision and direct them to:

1. Take no further action to decide paternity, collect child support, or collect medical support from third parties who may be legally responsible for medical support; or
2. Attempt to decide paternity, collect child support, or collect medical support from third parties who may be legally responsible for medical support without your cooperation, ONLY if this can be done without risk to you or your child(ren).

If the agency decides you do not have "good cause" for not cooperating with child support, you have 10 days from the day the agency tells you its decision to:

- Withdraw your good cause claim and begin cooperating with child support;
- Withdraw your program application or ask that your case be closed;
- Request a review of the agency's decision.

Next Steps:

1. Return this form to the agency in person, by mail, or uploaded into ACCESS for a decision to be made on good cause.
2. Then, gather the information to prove good cause. You have 20 days, from the date you return this form, to give this information to the Wisconsin Works, county, or tribal human/social services agency.

I understand that giving false information will cause this claim to be denied. I hereby claim "good cause" for the following reasons:

I certify that my good cause claim is based on fact, to the best of my knowledge.

PARTICIPANT FULL NAME:

PARTICIPANT SIGNATURE (or Telephonic Signature Interaction ID for Wisconsin Works only):

Date Signed:

FOR OFFICE USE ONLY

Wisconsin Works, County or Tribal Human/Social Services Agency Name:

AGENCY REPRESENTATIVE SIGNATURE:

Date Signed:

Original: Case Record Copy: Child Support Agency Copy: Participant

RETAIN COMPLETED FORM IN CASE RECORD