

CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 10, 2024

Katie Hobbs
Governor



Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

Claim of Good Cause

If you wish to claim Good Cause for non-cooperation with the Division of Child Support Services (DCSS), you must sign and return this form, and provide the documents to support your claim of Good Cause. You will be sent the result by mail after a decision has been reached.

A. When you may file a claim for good cause

You may refuse to cooperate with us and claim Good Cause if any of the following situations apply to you:

1. You believe your child(ren) may be emotionally or physically harmed.
2. You believe that you may be physically or emotionally harmed.
3. The child(ren) was/were born because of rape or incest.
4. The child(ren) is/are being adopted.
5. You are deciding whether to place the child(ren) for adoption with the help of a social agency.

B. Proof

1. You must provide proof that you have good cause for refusing to cooperate. (Even if you cannot give proof because of fear of harm to you, it may be possible to approve Good Cause based on an investigation.)
2. You must give us the necessary proof within 20 days after you claim Good Cause. We can extend this time if it is hard to obtain.
3. We can only make a decision based on the information you give, and on the findings of the Office of Special Investigations (OSI).
4. In order to verify your claim, we may need your help to find the absent parent. We will not contact the absent parent without first telling you.

C. Acceptable evidence



A few examples of acceptable evidence are listed below. We can help you obtain evidence.

1. Birth certificates or other medical and/or police records showing that your child(ren) was/were born as a result of rape or incest.
2. Court or other documents showing that your child(ren) is/are being adopted.
3. Court, medical, criminal, psychological or state agency records which show that the absent parent may physically or emotionally harm you and/or your child(ren).
4. A written statement from a public or private agency indicating that they are helping you decide whether your child(ren) should be placed for adoption.
5. Sworn statements from friends, neighbors, members of the clergy, social workers, and medical professionals who know your circumstances and can support your claim of Good Cause.

D. Division of Child Support Services participation

If you are approved for Good Cause for non-cooperation, we will not establish paternity or pursue the absent parent for child support payments for the next six months. At the end of six months, Good Cause must be redetermined.

GOOD CAUSE CLAIM: I refuse to cooperate in helping the DCSS establish paternity and/or obtain child support payments. I am requesting a determination of Good Cause in regard to NONCUSTODIAL ATLAS TEST, the absent parent.

SUPPORT RECIPIENT Signature

Date

Return this form to:

DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.



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DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

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Sworn Statement for Claim of Good Cause

I, _____, swear or affirm that on or about _____,
(Your Name) (Date of incident)

_____ did or said the following (explain what happened),
(Alleged Father/Support Payor)

making me believe that he/she may harm me or my children:

Check if applicable:

() I received medical treatment at _____
on _____ by (if known) _____
(Date)

() I did not get treated for my injuries because _____

I declare under penalty of perjury that the foregoing is true and correct.



(Your Signature)

Date

(City)

(State)

(Zip)

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