

Notice of Claim of Good Cause for Non-Cooperation with Child Support Services

Part I. Claim Filed

1. Case Name (Last, First, M.I.) ATLAS Case Number

2. Absent Parent Name (Last, First, M.I.) Social Security Number

3. Case Worker (Last, First) Pending Court Date

4. Caseworker Office Initial Claim Date Review Claim Date

5. Reason for Claim:
 Physical/emotional harm Rape/Incest Possible adoption Adoption Proceedings

6. Claim of Good Cause against: Mother/custodian Child(ren)
 Children involved: _____

7. Supporting evidence:
 - a. Claims packet attached (all documents/evidence to support the claim)
 - Records indicate possible physical/emotional harm
 - Records show child was born as result of rape or incest
 - Statement from agency concerning possible adoption
 - Documents showing adoption proceedings are underway
 - Sworn statements from other persons supporting claim
 - b. Physical harm anticipated but there is little or no supporting evidence
 - Information needed to initiate OSI investigation is as follows (continue on separate sheet if needed):

Part II. OSI Disposition

1. Findings from further investigation:

2. The information, evidence, documents, and findings: Support the claim Do not support the claim
 Comments: _____

3. Further information, investigation, or documents are needed to reach a decision.

4. Due to changes, good cause no longer exists (review only).

Part III. DCSS Review and Comments

1. The DCSS has received the information, evidence, documents and findings and:

a. Has no additional comments and/or recommendations.

b. Has the following comments and/or recommendations: _____
