

**GOOD CAUSE CLAIM**

Personal information you provide may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wisconsin Statutes.]

The following are circumstances under which the Wisconsin Works (W-2), county or tribal human/social services agency may find that you have "good cause" for not cooperating:

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

If you claim "good cause" for one of the above reasons, you must provide evidence to prove your claim. You have 20 days from the date you claim "good cause" to give the W-2, county or tribal human/social services agency this evidence. More time can be approved if you are having difficulty obtaining evidence. The following are examples of evidence you can use to prove "good cause:"

1. Birth certificates, medical, or law enforcement records which indicate that the child was conceived as the result of incest or sexual assault;
2. Court or other records which show that a petition for adoption of the child has been filed;
3. Court, medical, criminal, child protective services, social services, psychological or law enforcement records which indicate that the alleged or absent parent might inflict physical or emotional harm on you or your child;
4. Medical records which give you or your child's emotional health history and present health status; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or your child;
5. A written statement from a public or private agency confirming that you are being helped to decide whether to keep or place your child up for adoption;

6. A written and signed statement from others with knowledge of the circumstances, including friends, neighbors, clergy, social workers and medical professionals;
7. Any other supporting or corroborative evidence.

If your evidence is not sufficient, the W-2, county or tribal human/social services agency will tell you what other evidence is needed. They will give you reasonable help in obtaining the necessary evidence. If you have no evidence, the agency may still be able to make a good cause determination after an investigation. The agency may decide to conduct an investigation of any good cause claim. You may be required to give information to help in that investigation. The absent parent will not be contacted.

The W-2, county or tribal human/social services agency must decide within 45 days if you have "good cause" based on your evidence.

W-2 services, Child Care Assistance, BadgerCare Plus or Medicaid cannot be denied, delayed, reduced or discontinued pending a determination of good cause.

You will be notified immediately of the agency's "good cause" determination. If you are found to have "good cause" for not cooperating, the child support agency will be notified of the decision and directed to:

1. Take no further action to establish paternity, collect child support, or pursue third parties who may be liable for medical support; or
2. Attempt to establish paternity, collect child support, or pursue third parties who may be liable for medical support without your cooperation, if this can be done without risk to you or your child.

If you do not sign this official claim for "good cause" in the presence of the agency representative, you must have your signature notarized. Deliver this notice to the agency in person or send it by registered or certified mail.

If "good cause" is not found, you will have 10 days to withdraw the claim and cooperate, withdraw your application or request that your case be closed, exclude certain individuals from the application or case, or request a hearing.

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

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

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<b>SIGNATURE</b> - Participant	Date Signed
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W-2, County or Tribal Human/Social Services Agency

<b>SIGNATURE</b> - Agency Representative	Date Signed
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Original: Case Record

Copy: Child Support Agency

Copy: Participant

**RETAIN COMPLETED FORM IN CASE RECORD**