

"GOOD CAUSE" DETERMINATION

BASED ON FACTORS OTHER THAN
DOMESTIC VIOLENCE
FOR CHILD SUPPORT OR PATERNITY

CASE IDENTIFICATION				
CO.	RECORD NUMBER	CAT.	CTR.	DIST.
NAME OF CLAIMANT (CARETAKER)				
DATE FILED		CLAIM EXPIRES		



I. CIRCUMSTANCES CLAIMED

- A. ☐ The child was conceived as a result of: ☐ Rape ☐ Incest
- B. ☐ Legal proceedings for adoption of the child are pending.
- C. ☐ The possibility of giving the child up for adoption is currently under discussion (within three months) with a social agency.

II. CORROBORATIVE EVIDENCE PROVIDED

- A. ☐ Law enforcement records, medical records or birth certificate indicate the child was conceived as a result of:
☐ Rape ☐ Incest
- B. ☐ Court documents or other records indicating legal proceedings for adoption of the child are pending before a court.
- C. ☐ A written statement from a public or private agency confirming agency involvement with the caretaker regarding the possibility of giving the child up for adoption.
- D. ☐ Medical records confirming the emotional health status of the: ☐ Child ☐ Caretaker
- E. ☐ A written statement from a mental health professional confirming the emotional health status of the:
☐ Child ☐ Caretaker
- F. ☐ A statement from an individual who has knowledge of the caretaker's circumstances.
☐ Friend ☐ Clergy ☐ Medical Professional
☐ Neighbor ☐ Social Worker ☐ Other

III. DECISION

- ☐ Good cause claim established. Cooperation requirements waived.
- ☐ Good cause claim denied. Cooperation requirements applicable.

CASEWORKER SIGNATURE

DATE SENT TO BUREAU OF CHILD SUPPORT

