

CERTIFICATION OF COOPERATION

Complete only after the county assistance office (CAO) caseworker has explained the child support cooperation requirements and the right to claim good cause.

If the applicant/recipient claims good cause for not pursuing support, do not complete this form and do not refer applicant/recipient to DRS.

SECTION A: COUNTY ASSISTANCE

APPLICANT / RECIPIENT INFORMATION

LAST NAME, FIRST, M.I.		APPELLATION
SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER

NONCUSTODIAL PARENT / PUTATIVE FATHER / DEFENDANT INFORMATION

LAST NAME, FIRST, M.I.		APPELLATION
SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER

NONCUSTODIAL PARENT / PUTATIVE FATHER / DEFENDANT DEPENDENTS FOR WHOM SUPPORT IS SOUGHT

LAST NAME, FIRST, M.I.	APPELLATION	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX

SECTION B: DOMESTIC RELATIONS SECTION (DRS)

☐	APPLICANT / RECIPIENT COOPERATED WITH THE DOMESTIC RELATIONS SECTION. THE FOLLOWING ACTION WAS TAKEN AS A RESULT OF INFORMATION PROVIDED BY THE APPLICANT / RECIPIENT.						
☐	NEW COMPLAINT	☐	EXISTING COMPLAINT	☐	EXISTING FINANCIAL ORDER	☐	EXISTING MEDICAL ORDER
☐	IN ADDITION, THE APPLICANT / RECIPIENT IS REQUESTED TO:						
☐	THE APPLICANT / RECIPIENT FAILED TO COOPERATE. CIRCUMSTANCES ARE:						
☐	THE APPLICANT / RECIPIENT CLAIMS GOOD CAUSE FOR NOT PURSUING SUPPORT						

		DRS DATE STAMP
	DRS EMPLOYEE SIGNATURE	
	DRS EMPLOYEE TITLE	

INSTRUCTIONS FOR COMPLETING THE PA/CS 643 A

(USE FOR ALL CASH ASSISTANCE APPLICATIONS)

SECTION A: TO BE COMPLETED BY THE CAO

Complete one form for **EACH NONCUSTODIAL PARENT / PUTATIVE FATHER / DEFENDANT** named by the Applicant/Recipient, unless the applicant/recipient claims good cause. If the applicant/recipient claims good cause, complete applicable good cause form, PA/CS 173 GC or PA 1747.

APPLICANT / RECIPIENT INFORMATION: Print the last name, first name, middle initial, appellation (Sr., Jr., III), Social Security number, date of birth, and telephone number of the Applicant/Recipient, as shown on CIS.

NONCUSTODIAL PARENT / PUTATIVE FATHER / DEFENDANT INFORMATION: Print the last name, first name, middle initial, appellation (Sr., Jr., III), Social Security number, date of birth, and telephone number of Noncustodial parent/Putative father or GA spouse as provided by the Applicant/Recipient.

CHILDREN OF NONCUSTODIAL PARENT / PUTATIVE FATHER / DEFENDANT FOR WHOM SUPPORT IS SOUGHT: Print the last name, first name, middle initial, appellation (Sr., Jr., III), Sex (M or F), Social Security number, and date of birth for each dependent listed.

Give the original and the first (1st) and second (2nd) copies of the PA/CS 643 A to the Applicant/Recipient and instruct him/her to take the forms to the Domestic Relations Section (DRS) to initiate support action.

Detach and retain the third (3rd) copy of the PA/CS 643 A with the application for assistance.

SECTION B: TO BE COMPLETED BY THE DOMESTIC RELATIONS SECTION (DRS)

Receive PA/CS 643 A from the Applicant/Recipient with Section A completed by the CAO.

If the Applicant/Recipient cooperates by providing information requested by the DRS, place an "X" in the Applicant/Recipient cooperated section box and an "X" in the appropriate box to reflect the type of action initiated by or already on file with the DRS on behalf of the Applicant/Recipient.

Complete the statement regarding any additional information the Applicant/Recipient was requested to provide citing specific information or documents requested of the Applicant/Recipient.

OR

If the Applicant/Recipient refuses to cooperate, determine whether the Applicant/Recipient claims good cause for not pursuing support. If Applicant/Recipient does not claim good cause, complete the statement regarding the Applicant/Recipient's refusal to cooperate, citing specific examples of the Applicant/Recipient's non-cooperative behavior, e.g., refusal to provide requested information including the type of information requested, such as expense information, birth certificates, etc., as applicable.

OR

If the Applicant/Recipient claims good cause for not pursuing support, complete the statement regarding the Applicant/Recipient's claim of good cause. Advise the Applicant/Recipient to contact the CAO about the good cause claim and contact the Applicant/Recipient's CAO caseworker yourself to inform of good cause claim. Explain to the applicant/recipient that support proceedings will be suspended while good cause is being sought and that the case will be closed in PACSES if the good cause claim is approved by the CAO worker.

DRS Employee Signature - Signature of the employee who interviewed the Applicant/Recipient.

DRS Employee Title - Job classification of the DRS employee who interviewed the Applicant/Recipient.

DRS Date Stamp - Affix the DRS Date Stamp to the original CAO copy to authenticate DRS completion of the form.

Retain the first (1st) copy of the PA/CS 643 A in the DRS office to match with the PA/CS 643, Application for Child Support Services, upon receipt of the automated PA/CS 643 from the CAO after the authorization of assistance benefits.

Provide the signed CAO original to the Applicant/Recipient and instruct him/her to return the form to the CAO for completion of the assistance process. Provide the Applicant/Recipient with the second (2nd) copy for his/her own records.