

DEPARTMENT OF SOCIAL SERVICES

44 P Street, Sacramento, CA 95814

(916) 445-4458



February 28, 1979

ALL-COUNTY INFORMATION NOTICE I-22-79

FSD No. 79-5

TO: ALL COUNTY WELFARE DEPARTMENT DIRECTORS
ALL TITLE IV D AGENCIES
ALL DISTRICT ATTORNEYS

SUBJECT: CHILD SUPPORT GOOD CAUSE FORMS

REFERENCE:

Attached are copies of the forms developed to implement the new Child Support Good Cause regulations which became effective February 1, 1979. The Good Cause forms include a revised form CA 2.1 which consists of a new coversheet (Child Support Notice and Agreement) and a revised questionnaire (Child Support Questionnaire), the new form CA 51 (Good Cause Claim and Determination Transmittal), the revised form CA 371 (Referral to District Attorney for Action on AFDC Absent Parent) and the new form ABCD 239.33 (Notice of Intended Action). These forms were developed in conjunction with the County Forms Advisory Committee, the Welfare Advisory Committee Forms Subcommittee, the County Welfare Directors Association and District Attorney staff.

Interim supplies of the Good Cause forms are being provided to you under separate cover, except for the CA 2.1 questionnaire. You will be notified by the form GEN 127 Notice of Form Change when regular supplies are available for ordering. An interim supply of the revised form CA 2.1 questionnaire is not being sent at this time due to a large inventory of the current version. Regular supplies of the revised CA 2.1 questionnaire will be available for ordering when the existing inventory is exhausted. Spanish translations of these forms will be available for ordering concurrently with the English.

Following is an explanation of each of the attached forms:

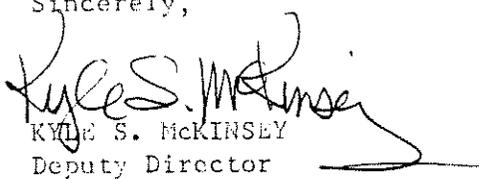
1. Form CA 2.1 consists of a new two-sided coversheet attachment to the form CA 2.1 and a revised questionnaire. The coversheet incorporates the child support information currently contained on the CA 2. Subsequent versions of the CA 2 will not include that information. The front side of the coversheet informs the applicant or recipient of the benefits and requirements of the Child Support Program and of the right to claim Good Cause. It also obtains the applicant or recipient's agreement to cooperate in the child support enforcement process or to claim Good Cause. The reverse side explains in more detail the right to claim Good Cause. The questionnaire

has been revised by deleting the statement regarding Good Cause from the bottom of the form and by changing the form number from WR 2.1 to CA 2.1 to conform with current forms numbering. The complete form CA 2.1 will be a set consisting of two copies of the coversheet (one for the applicant or recipient and one for the case file) and one copy of the questionnaire. This form will not be in sets until final printing is completed. Therefore, the new coversheets should be used with the existing questionnaire. The CA 2.1 is in the Required Form - No Substitute Permitted category.

2. Form CA 51 (Good Cause Claim and Determination Transmittal) is a new form developed for the applicant or recipient to claim Good Cause and for the county welfare department to document the evidence provided and the Good Cause determinations. It will also be used to transmit the proposed and final Good Cause determinations to the District Attorney's Office and to obtain the District Attorney's comments. This form will be a carbon interleaved set and it is in the Required Form - Substitute Permitted category.
3. Form CA 371 (Referral to District Attorney for Action on AFDC Absent Parent) was revised to include cases where Good Cause is claimed. Except for some minor reformatting no other changes were made to this form.
4. Form ABCD 239.33 (Notice of Intended Action and Right to Request a State Hearing) is a new form specifically designed to notify the applicant or recipient who has claimed Good Cause of the Good Cause determination. The reverse side was revised to conform with the recent regulation changes regarding State Hearings. Consistent with the other forms in the 239 series, the ABCD 239.33 is in the Required Form - Substitute Permitted category and will be a carbon interleaved set of three copies.

Comments and suggestions for improvement of these forms are welcome. If you have any questions regarding the forms or the Child Support Good Cause regulations, contact either your AFDC Management Consultant at (916) 445-4458, or your Child Support Management Consultant at (916) 322-6384.

Sincerely,


 KYLE S. MCKINSEY
 Deputy Director

Attachments

cc: CWDA

Child Support Notice and Agreement

Assignment and Cooperation Requirements

You must assign to the county any rights you may have to child support or alimony while you are on aid. When you assign support rights, the county will receive all support payments that would have been paid to you if you were not on aid. The receipt of an AFDC check will automatically assign the past and present support rights of all persons for whom you are requesting aid.

You must cooperate with the county welfare department and the District Attorney in:

- Identifying and locating any absent parent in your case;
- Establishing the paternity of any child in your case whose parents are not married to each other; and
- Obtaining support payments from any absent parent in your case.

When requested to do so you must:

- Complete the Child Support Questionnaire (Form CA 2.1).
- Agree to cooperate in the child support enforcement process or to claim Good Cause for refusing to cooperate.
- Appear at the county welfare department or District Attorney's Office to sign papers or provide necessary information.
- Turn over to the county any money given directly to you by the absent parent(s).

Benefits of Child Support Enforcement

Your cooperation may be of value to you and your child(ren) because finding the absent parent and establishing paternity may give your child(ren) rights to future social security, veterans, or other benefits. At your request, the District Attorney will continue to help collect child support after you go off aid.

Your Right to Claim Good Cause

Good Cause means having an acceptable reason for refusing to cooperate in the child support enforcement process.

If you feel that cooperating would not be in the best interests of your child(ren) you may refuse to cooperate and claim Good Cause. The back of this form explains your right to claim Good Cause in more detail. If you think you might have Good Cause, ask your eligibility worker to explain it to you before signing below.

Penalty Provision

If you refuse to assign support rights, or if you refuse to cooperate in the child support enforcement process without Good Cause:

- You personally will be ineligible for AFDC but your child(ren) may still be eligible. Their grant will go to another person called a protective payee who will pay the child(ren)'s living expenses.
- Your case will be referred to the District Attorney anyway.

Agreement

I understand my rights and responsibilities regarding the child support program and the assignment of support rights.

- I agree to cooperate with the county welfare department and the District Attorney as specified above.
- I will claim Good Cause for refusing to cooperate in the child support enforcement process.
- I refuse to assign support rights.

Signature of Applicant or Recipient

Date

I certify that I have notified the applicant or recipient of his or her rights and responsibilities regarding the child support program by means of this notice and verbally as needed.

Eligibility Worker's Signature

Eligibility Worker Number

Date

Your Right to Claim Good Cause

The only reasons for claiming Good Cause are:

- Cooperation is expected to result in serious physical or emotional harm to the child(ren);
- Cooperation is expected to result in physical or emotional harm to you which is so serious that it reduces your ability to care for the child(ren) adequately;
- The child(ren) were conceived due to forcible rape or incest;
- Court proceedings are going on for the adoption of the child(ren); or
- You are working with a social agency to help you decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.

How to Claim Good Cause

If you want to claim Good Cause, you must tell your eligibility worker. You can do this whenever you believe you have Good Cause not to cooperate. You must also complete and sign the Good Cause claim form which your eligibility worker will give to you.

If you claim Good Cause you must:

- Give the county welfare department evidence needed to determine if you have Good Cause for refusing to cooperate. (If your reason for claiming Good Cause is your fear of physical harm and it is impossible to obtain evidence, the county welfare department may still be able to make a Good Cause determination after investigating your claim.)
- Give the necessary evidence within 20 days of claiming Good Cause. The county welfare department will only give you more time when it decides that more than 20 days are required to get the evidence.

What is Acceptable Evidence?

The following are examples of acceptable evidence the county welfare department can use to determine if Good Cause exists. If you need help in getting a copy of any of the documents your eligibility worker will help you.

- Birth certificates, or medical or law enforcement records which indicate that the child was conceived due to forcible rape or incest;
- Court documents or other records which indicate that legal proceedings for adoption are pending in court;
- Records which indicate that the absent parent or alleged father might inflict physical or emotional harm on you or the child;
- Medical records which indicate your or your child(ren)'s emotional health history and present health status; or written statements from mental health professionals giving a diagnosis or prognosis on you or your child(ren)'s emotional health;
- A written statement from a social agency confirming that you are being helped to decide whether to place the child for adoption; and
- Sworn statements from people who know the circumstances of your Good Cause claim. These people could be friends, neighbors, clergymen, social workers and others.

The County Welfare Department Decides Your Claim

The county welfare department will:

- Decide your claim based on the evidence you give, or
- Conduct an investigation to verify and decide your claim. (You may be required to give information such as the absent parent or alleged father's name and address. The county welfare department will not contact the absent parent or alleged father without first telling you.)

District Attorney's Participation

The District Attorney may review the county welfare department's findings and the basis for a Good Cause determination in your case. If you request a hearing on the issue of Good Cause, the District Attorney may participate in that hearing.

If the county welfare department decides you have Good Cause for not cooperating, the District Attorney may try to establish paternity or collect support only if the county welfare department decides that this can be done without risk to you or your child(ren). This will not be done without first telling you.

CHILD SUPPORT QUESTIONNAIRE

FOR COUNTY USE ONLY	WELFARE CASE NAME	WELFARE NUMBER	DATE OF APPLICATION
	TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Reapplication <input type="checkbox"/> Additional Child <input type="checkbox"/> Transfer from _____		

If the parent or parents of any of the child/children for whom assistance is requested are living but are absent from the home, complete the following information. **PLEASE PRINT IN INK.**

ABSENT PARENT'S LAST NAME		FIRST NAME		MIDDLE NAME		ALSO KNOWN AS (ALIASES)	
LAST KNOWN ADDRESS (STREET, CITY, STATE)			APPROXIMATE DATE	ABSENT PARENT'S BIRTHPLACE		BIRTH DATE	
DESCRIPTION:	SEX	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	MARKS, SCARS, AMPUTATION, TATTOOS, ETC.
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE	MAKE OF CAR	YEAR	LICENSE PLATE NUMBER
NAME OF AUTOMOBILE FINANCE COMPANY				ADDRESS OF FINANCE COMPANY (STREET, CITY, STATE)			
ABSENT PARENT'S USUAL OCCUPATION			NAME AND ADDRESS OF LAST KNOWN EMPLOYER			UNION MEMBERSHIP	
IS EMPLOYMENT TERMINATED?		IF YES, APPROXIMATE DATE		IS ABSENT PARENT (CHECK IF PERTINENT)?			
<input type="checkbox"/> NO <input type="checkbox"/> YES				<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> A PUBLIC EMPLOYEE <input type="checkbox"/> STUDENT			
IS ABSENT PARENT IN THE MILITARY?		IF YES, GIVE BRANCH, RANK AND WHERE STATIONED					
<input type="checkbox"/> NO <input type="checkbox"/> YES							
IS ABSENT PARENT A VETERAN?		IF YES, RECEIVING BENEFITS?		AMOUNT OF VETERAN'S BENEFITS			
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		\$			

FRIENDS OR RELATIVES OF ABSENT PARENT

NAME	ADDRESS	RELATIONSHIP
NAME	ADDRESS	RELATIONSHIP

REASON FOR ABSENCE: Divorced Separated Deported Jail or Prison Never Married Other _____

PLACE OF MARRIAGE	DATE	PLACE OF DIVORCE	DATE	PLACE LAST LIVED TOGETHER	DATE

DOES THIS PARENT PAY SUPPORT MONEY? IF YES

NO YES TO YOU DIRECTLY THROUGH A COUNTY AGENCY

DATE OF LAST SUPPORT MONEY: _____ AMOUNT: _____

IS THERE A COURT ORDER FOR SUPPORT BY THIS PARENT? NO YES IF YES, COMPLETE NEXT LINE

ORDER NUMBER: _____

DATE OF ORDER: _____ COUNTY OF ORDER: _____ STATE OF ORDER: _____

AMOUNT ORDERED: \$ _____ WEEKLY MONTHLY

HAS THIS ABSENT PARENT EVER BEEN ARRESTED? IF YES, WHERE, WHEN, WHAT FOR

NO YES

ABSENT PARENT'S CHILDREN

CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE

The whereabouts of absent parent have been unknown to me since (approximate date) _____

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	MARITAL STATUS
ADDRESS	TELEPHONE NUMBER
BIRTHPLACE	DRIVER'S LICENSE NO.
	SOCIAL SECURITY NUMBER

RELATIONSHIP TO ABSENT PARENT: Spouse Divorced Common-law Casual Other, specify _____

SIGNATURE OF APPLICANT	DATE	
ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER'S SIGNATURE	ELIGIBILITY WORKER'S NUMBER

GOOD CAUSE CLAIM AND DETERMINATION TRANSMITTAL

I claim that cooperating in establishing paternity and obtaining support would not be in the best interests of the child(ren) for whom aid is requested because:

- I expect it to result in physical or emotional harm to the child(ren).
- I expect it to result in physical or emotional harm to me which is so serious that it reduces my ability to care for the child(ren) adequately;
- The child(ren) were conceived due to forcible rape or incest;
- Court proceedings are going on for the adoption of the child(ren);
- I am working with a social agency helping me decide whether to place the child for adoption and the counseling sessions have not gone on for more than three months.

I want to claim Good Cause for refusing to cooperate for the reason(s) checked above. I understand that I must prove that I have Good Cause for refusing to cooperate.

SIGNATURE OF APPLICANT OR RECIPIENT

DATE

FOR COUNTY USE ONLY

CASE NAME

CASE NUMBER

CHILD(REN) OR ABSENT PARENT INVOLVED

EVIDENCE PROVIDED

- Birth certificate
- Medical records
- Court documents
- Social agency letter
- Mental health professional letter
- Sworn statement from other person
- Other:

PUTATIVE FATHER CONTACT

- Applicant/Recipient informed in advance

Applicant/Recipient:

- provided more evidence
- withdrew application
- requested discontinuance
- requested claim be denied

- Putative father contacted: _____ Date _____

FOR COUNTY USE ONLY

TO: D.A. REPRESENTATIVE

IF APPLICANT/RECIPIENT IS NOT PARENT INDICATE RELATIONSHIP

DATE OF APPLICATION

PROPOSED DETERMINATION

- Good Cause does not exist.
- Good Cause does exist. Child Support enforcement May May not proceed without applicant or recipient's participation.

COMMENTS:

REPLY TO: COUNTY WELFARE DEPARTMENT REPRESENTATIVE

WORKER NUMBER

TELEPHONE

DATE

DISTRICT ATTORNEY REVIEW OF PROPOSED DETERMINATION

DA FILE NUMBER

Based on a review of the findings and the proposed determination, we believe:

- Good Cause does not exist.
- Good Cause does exist. Child Support enforcement May May not proceed without applicant or recipient's participation.

COMMENTS:

DA REPRESENTATIVE'S SIGNATURE

TELEPHONE

DATE

FINAL DETERMINATION

- Good Cause does not exist.
- Good Cause does exist. Child Support enforcement May May not proceed without applicant or recipient's participation.
- Applicant has withdrawn application for AFDC.
- This case has been discontinued effective date _____ REASON(S): _____

COUNTY WELFARE DEPARTMENT REPRESENTATIVE

DATE

SUPERVISOR'S SIGNATURE

DATE

REFERRAL TO DISTRICT ATTORNEY FOR ACTION ON AFDC ABSENT PARENT

TO DISTRICT ATTORNEY		DATE OF APPLICATION FOR AFDC		DATE OF REFERRAL
APPLICANT/RECIPIENT	(LAST NAME)	(FIRST)	(MIDDLE)	CASE NUMBER
ADDRESS REPLY TO:		(EW)	(CODE)	(TELEPHONE NUMBER)

WHEN APPLICANT IS OTHER THAN PARENT, LIST RELATIONSHIP:

This case is referred to you for action for the reason(s) checked below:

- Legal action is necessary to obtain financial support.
 Legal action is necessary to establish paternity.
 Recipient is receiving direct child support payments. Action needed to transfer payments to county.
 Good cause has been claimed. Suspend all activities to establish paternity or secure support until notified of final determination of claim.
 This case has been discontinued effective date _____. Reason(s)

The following information applies to this case:

- CA 2.1 has been completed and is attached.
 Eligibility has been determined. Aid begins (date) _____.
 Eligibility has not been determined.
 This is a relinquishment for adoption case.
 Applicant/recipient _____ has _____ has not agreed to assign accrued support rights.
 Applicant/recipient _____ has _____ has not agreed to cooperate in establishing paternity or obtaining support.
 Applicant/recipient _____ has _____ has not agreed to cooperate in establishing good cause.
 Applicant/recipient _____ has _____ has not agreed to forward support payments.

COMMENTS:

INFORMATION FROM DISTRICT ATTORNEY TO COUNTY WELFARE DEPARTMENT

ADDRESS REPLY TO	TELEPHONE NUMBER	DA FILE NUMBER
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- Applicant/recipient has cooperated in accordance with federal law.
 Applicant/recipient has not cooperated in accordance with federal law.
 - Refuses to appear and/or provide verbal, written or documentary information.
 - Refuses to appear as a witness at court or other hearing.
 - Refuses to transmit child support payment(s) received directly from absent parent. Applicant/recipient has claimed Good Cause for refusal to cooperate and has been provided with Good Cause claim form.
 This is a notice of renewed cooperation:
 -
 -
 -

COMMENTS:

SIGNATURE OF DA REPRESENTATIVE	TITLE
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(COUNTY STAMP)

**NOTICE OF INTENDED ACTION AND
RIGHT TO REQUEST A STATE HEARING**

State No:
 County No:
 District:
 Date:
 Case Name:
 Interpreter Needed: _____
Language Dialect

- You have Good Cause for refusing to cooperate in the Child Support enforcement process and it has been determined that the District Attorney will not proceed with your case because of risk to you or your child(ren).
- You have Good Cause for refusing to cooperate in the Child Support enforcement process. However, it has been determined that the District Attorney may proceed with your case without risk to you or your child(ren). If you do not want the District Attorney to do this, you must file for a State Hearing within 10 days or withdraw your application for aid or request that your aid be discontinued.

- You do not have Good Cause for refusing to cooperate in the child support enforcement process because:
 - you failed to provide sufficient evidence (written proof) to support your Good Cause claim.
 - you failed to provide sufficient information (such as the absent parent's name and address) to permit an investigation of your Good Cause claim.
 - the investigation conducted does not support your Good Cause claim.
 - we cannot determine if you have Good Cause without contacting the absent parent and you told us not to do so.

Since you do not have Good Cause, you must now cooperate in the child support enforcement process. If you still refuse to cooperate, you personally will be ineligible for AFDC but your child(ren) may still be eligible. Their grant will go to another person called a protective payee who will pay the child(ren)'s living expenses, and your case will be referred to the District Attorney.

OTHER COMMENTS:

THIS ACTION IS REQUIRED BY THE FOLLOWING REGULATIONS:

Eligibility and Assistance Standards Manual Sections:

43-107.444 Investigation of Good Cause Claim
 43-107.445 Contact of Putative Father

43-107.46 Finding that Good Cause Does or Does Not Exist
 43-107.47 Sanction for Refusal to Cooperate

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME.

Eligibility Worker	Telephone
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IF YOU BELIEVE THIS ACTION IS WRONG, YOU MAY FILE FOR A STATE HEARING. IF YOU DO NOT FILE WITHIN 10 DAYS, THIS DECISION WILL BE SENT TO THE DISTRICT ATTORNEY AS A FINAL DETERMINATION.

1. You have the right to a conference with representatives of the county welfare department to talk about this intended action. At the conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesman. If you want a conference, contact your county social worker within 10 days of the date of this notice.
2. Whether you request a conference or not, you also have the right to request a State Hearing and decision by the Director of the Department of Social Services (see form below). Your request must be written and it must state that you want a hearing and why you are dissatisfied. Your request for a hearing must be made within one year of the date of this notice.
3. Your county worker will help you ask for a State Hearing.
4. At a State Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesman) of your choice. If you need an interpreter we will provide one for you. You may obtain free legal advice and the services of a lawyer by contacting the nearest legal services office.

5. State regulations governing State Hearings are available at this office of the county welfare department. If you wish to request a State Hearing, please complete, sign and send this page to the address below, or contact Public Inquiry and Response at 800-952-5253 (toll free number).

Office of the Chief Referee
 State Department of Social Services
 744 P Street, M.S. 19-36
 Sacramento, California 95814

Should you wish to have further information in your language about your State Hearing rights, you may contact Public Inquiry and Response at 800-952-5253 (toll free number).

I, _____ Phone _____
 Name

 Address

hereby request a State Hearing before the State Department of Social Services from the action taken by _____
 County regarding the receipt of public assistance.

The reasons for my request for a State Hearing are as follows: _____

I have trouble understanding English. Therefore, I am requesting an interpreter for my hearing in the following:

 Language Dialect

Signed: _____ On: _____
 Date

If you request a hearing, you should use the above form and send the entire page. This will assist in the processing of your case. If someone other than yourself completes and signs this request for a State Hearing, you must complete a written statement authorizing that person as your representative.

DO NOT CUT OR TEAR - SEND THIS ENTIRE PAGE

DO NOT CUT OR TEAR - SEND THIS ENTIRE PAGE