



AGREEMENT TO ACTIVELY PURSUE CHILD SUPPORT OR GOOD CAUSE CLAIM

1. APPLICANT/RECIPIENT INFORMATION:		
NAME:	PHONE:	CASE NUMBER: JJC _____ (last four digits of SS#)
ADDRESS:		
2. CHILD SUPPORT REQUIREMENTS NOTIFICATION LETTER		
<p>The Child Support Requirements Notification Letter explains that you are required to actively pursue child support for your children and any child living with you, unless the Department of Social Services determines that you have "good cause" not to pursue such support. Please read the letter and make sure you understand your rights and responsibilities regarding child support, before you complete and sign this form.</p> <p>Indicate below if you have received the Child Support Requirements Notification Letter.</p> <p><input type="checkbox"/> I have received the Child Support Requirements Notification Letter.</p> <p><input type="checkbox"/> I have not received the Child Support Requirements Notification Letter.</p>		
3. ACTIVE PURSUIT OF CHILD SUPPORT OR GOOD CAUSE CLAIM		
<p>Will you actively pursue child support? <i>Choose one.</i></p> <p><input type="checkbox"/> Yes. Complete 3A, the Agreement to Actively Pursue Child Support.</p> <p><input type="checkbox"/> No. I cannot pursue child support as it would expose myself, my child or another household member to physical or emotional harm. Complete 3B, the Good Cause Claim. The Department of Social Services will inform you of its decision on the OCFS LDSS-7012, Notice of Good Cause Determination.</p>		
3A. AGREEMENT TO ACTIVELY PURSUE CHILD SUPPORT		
<p>I agree to actively pursue child support. I can actively pursue child support without exposing myself, my child or anyone in my household, to physical or emotional harm.</p> <p>I will actively pursue child support in the following way: <i>Choose One.</i></p> <p><input type="checkbox"/> I will pursue child support through the Child Support Enforcement Unit (CSEU). I understand that, with the exception of legal services, CSEU services are provided free of charge. I understand I must give my child care worker a written report which includes: the actions I have taken to actively pursue child support and the documentation which confirms these actions.</p> <p><input type="checkbox"/> I will pursue support on my own behalf or hire an attorney to represent me. I understand that I must give my child care worker a detailed written plan of activities and timeframes which includes the actions I (or my attorney) have taken or will take to actively pursue child support and documentation which confirms these actions. I understand if circumstances change, that I may claim good cause at any time by informing my child care worker.</p>		
3B. GOOD CAUSE CLAIM		
<p>I am making a Good Cause Claim. I cannot pursue child support for one or more of the following reasons:</p> <ul style="list-style-type: none">• It would expose myself, my child or another household member to physical or emotional harm;• The child for whom child support is sought was conceived as a result of incest or forcible rape;• A legal proceeding for the adoption of the child is pending before a court;• I am being assisted by a public or licensed private social agency to resolve the issue of whether I will relinquish my child for adoption; and discussions have gone on for less than 3 months; or• The non-custodial parent's rights have been terminated or voluntarily surrendered. <p><i>Indicate below if you have enclosed documentation of your good cause claim.</i></p> <p><input type="checkbox"/> I have enclosed the following documentation (proof) of my good cause claim:</p> <p><input type="checkbox"/> I have not enclosed documentation of my good cause claim. <i>(I understand I have 20 days to submit proof of my good cause claim. I understand that I may ask my child care worker for additional time if the documents I need to prove my good cause claim cannot be obtained within 20 days.)</i></p>		
4. CERTIFICATION (Sign and return this form to the Center Office.)		
I certify and attest that all statements made on this form are true and accurate.		
SIGNATURE OF APPLICANT/RECIPIENT:		DATE: