

子女撫養費 - 有正當原因不合作的請求

我不想合作去建立父子關係並獲得支持，因為這對請求補助的子女都不是最佳的利益。

原因在此：勾畫(✓)：

我認為它會導致子女受到傷害的機會增加：

- A)  人身傷害
- B)  性的傷害
- C)  情感上的傷害

我不想合作是因為：

- D)  子女因為亂倫/強姦而懷孕。
- E)  家庭虐待的風險增加。
- F)  收養子女的法律程序正在進行。

G)  我正在與一個公共或持執照的私人收養機構進行幫助我決定應否供養子女或把他們放置收養。

H)  我沒有合作的其它確實理由。  
解釋： \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE NAME
CASE NUMBER
DATE OF APPLICATION
CARETAKER RELATIVE (IF DIFFERENT)
RELATIONSHIP TO CHILD(REN)
NONCUSTODIAL PARENT/ALLEGED FATHER
NAME OF CHILD(REN) OF NONCUSTODIAL PARENT/ALLEGED FATHER

認證

EVIDENCE PROVIDED

上述勾選的原因，我宣稱有正當理由拒絕合作。我知道我可能會被要求證明我有正當理由拒絕合作。根據美國法律和加利福尼亞州的偽證罪的刑罰下，本人聲明，本報告中所載的事實是真實，準確，和完整的。

- No investigation
- No evidence provided
- Birth certificate
- Medical records
- Court documents
- Social agency letter
- Mental health professional letter
- Sworn statement
- Other

申請人或領取者簽名

日期

請求決定- 郡政府專用

- The child welfare department has determined that it is not in the child's best interest to refer the case to child support per California Code of Regulations 31-503 as it would pose a barrier to the parent's/guardians' ability to meet at least one of the following:
  - Reunification/case plan requirements
  - Current/future financial needs of family
  - Needs of other children in household at risk of removal
  - Permanency plan with related legal guardianship under the KinGAP program
- The child welfare department has determined that it is not contrary to the child's best interest to refer the case to child support.

SOCIAL WORKER SIGNATURE

PHONE NUMBER

DATE OF DETERMINATION

TO: **LOCAL CHILD SUPPORT AGENCY** THIS CLAIM IS FOR  CHILD SUPPORT  MEDICAL SUPPORT

GOOD CAUSE EXISTS AND IS BASED ON: (✓)

- A  Increased risk of **physical harm** to child(ren)
- B  Increased risk of **sexual harm** to child(ren)
- C  Increased risk of **emotional harm** to child(ren)
- D  Incest or rape
- E  Increased risk of **domestic abuse** to parent/caretaker
- F  Legal adoption/guardianship before the court
- G  Preadoptive services
- H  Other credible reason(s) for not cooperating

Explain good cause:

1. Request for Good Cause has been denied.  
Give reasons:
2. Was determination based on physical harm without evidence?  YES  NO
3. Was determination based solely on examination of evidence without investigation?  YES  NO
4. May enforcement proceed without applicant/recipient participation?  YES  NO

CWD REPRESENTATIVE'S SIGNATURE

WORKER NUMBER

PHONE NUMBER

DATE OF DECISION

SUPERVISOR'S SIGNATURE

DATE OF DECISION