



REQUEST TO CLAIM "GOOD CAUSE"

NORTH DAKOTA D DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE DIVISION

SFN 446 (7-2022)

Applicant/Recipient Name	Case Number
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It is my belief that serious harm could come to me or to my child(ren) if I cooperate with the effort to establish paternity and/or collect child support. I therefore believe that cooperation on my part would be contrary to their best interests.

It is my further belief that I have "good cause" for refusing to cooperate in the child support enforcement effort for the following reason(s):

I agree to obtain within 20 days the required written evidence necessary to support my claim or inform the Human Service Zone office of the reason for any delay in obtaining the evidence.

I understand that no child support activity will be started or continued after this signed request for a "good cause" exemption is received by the Human Service Zone office. I also understand that I will be notified promptly in writing of the Human Service Zone office's decision regarding my claim.

My signature below constitutes my formal request for a "good cause" exemption.

I understand that by checking this box and typing my name below, I am signing the Request to Claim Good Cause. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date
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You may choose to print this Request to Claim Good Cause and submit your signed form by fax, mail or in person to:

Local Human Service Zone Office

See the Application for Assistance Guidebook at applyforhelp.nd.gov for a list of Zone Offices.

DISTRIBUTION: **Original** - Applicant
Copy - HSZ File
Copy - Regional IV-D Agency