



REQUEST TO CLAIM "GOOD CAUSE"
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 446 (1-2023)

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 with Child Support 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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Return your signed and dated form to your local human service zone office

OR

Submit by mail to:

Department Of Health and Human Services

Customer Support Center

PO Box 5562

Bismarck ND, 58506

OR FAX: (701)-328-1006

OR Email: applyforhelp@nd.gov

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here: <https://www.hhs.nd.gov/human-service/zones>

Please retain a copy for your record.