



**REQUEST TO CLAIM "GOOD CAUSE"**

ND DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 446 (Rev. 04-2005)

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 county social service board 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 county social service board. I also understand that I will be notified promptly in writing of the county social service board's decision regarding my claim.

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

Signature:	Date:
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**DISTRIBUTION:** Original - Applicant  
Copy - CSSB File  
Copy - Regional IV-D Agency