

Louisiana Department of Children and Family Services
**Notice of Cooperation with Child Support
Enforcement and Agreement to Relinquish Child
Support Payments**
P.O. Box 260031
Baton Rouge, LA 70826-0031

Case Name: _____
Case ID Number: _____
Work Number: _____
Date: _____

Payee's Name

SS#

Parish

In accordance with La. R.S. 46.236.1.1, et seq., as an applicant for or recipient of cash assistance benefits, you have automatically assigned to the State of Louisiana any rights to child support which you or any child for whom you are applying or receiving assistance may have. Automatic assignment of child support means that child support collected each month will be used to reimburse the federal and state governments for cash assistance benefits you received in the past.

By signing this form, you agree that if found eligible for benefits, you will submit to the Department of Children and Family Services, Child Support Enforcement, any child support payments that you are now receiving or may receive directly from an absent parent of any child included in the certification of which you are payee.

Child support payments received **After Certification** will not be shown as income in determining the amount of your cash assistance grant as long as you submit any such payments you might receive to Child Support Enforcement. Payments should be submitted by cashier's check or money order, made payable to Department of Children and Family Services (DCFS). Include your name, address, Social Security number and the name of the person who gave you the money, with your payment. Mail the payments to the following address:

Centralized Collection Unit
Post Office Box 260222
Baton Rouge, LA 70826

If you fail to submit child support payments to Child Support Enforcement as stated in this agreement, you will be required to repay the child support you should have submitted. If you fail to repay the child support, your case will be closed.

Your cooperation in the support enforcement process may be of value to you and your child because it might result in the following benefits:

- Finding the non-custodial parent and obtaining assistance from him or her
- Legally establishing your child's paternity
- The possibility that support payments might be higher than your cash assistance
- The possibility that you and your children may obtain rights to future Social Security, Veteran's or other government benefits.

The law requires you to cooperate with the Child Support Enforcement Program of the Department of Children and Family Services (DCFS) and district or state attorneys to obtain support for you and any of the children for whom you want cash assistance benefits unless you have **good cause** for not cooperating. In cooperating, you will be asked to do one or more of the following:

- Name the parent of any child for whom you are applying for or receiving cash assistance and give information you have to help find the parent.
- Help determine who the legal father of your child is if the child was born out of wedlock and paternity has not been established.
- Help to obtain money owed to you or the children.

You may be required to come to the DCFS Parish Office, DCFS Regional Office, District Attorney's Office, or to court to sign papers or give necessary information. You may also be required to testify in court.

You may have **good cause** not to cooperate in the state's efforts to obtain support. You may be excused from cooperating if you believe that cooperation would not be in the best interest of you or your child, and can provide documentation to support this claim.

If you want to claim **good cause**, you must tell a worker. You can do this at any time you believe you have **good cause** not to cooperate.

If you claim **good cause**, you will be given another notice. This second notice will explain the circumstances under which DCFS may find **good cause** and the type of documentation or other information DCFS needs to decide your claim. You may also ask for this second notice to help you decide whether or not to claim **good cause**.

If you do not cooperate and do not have **good cause**, you and the children will not be eligible for cash assistance.

I have read this notice concerning my agreement to relinquish child support payments, to cooperate with CSE, and my right to claim **good cause** for not cooperating.

Signature of applicant/recipient

Date

I have provided the applicant/recipient with a copy of this notice.

Signature of Agency Representative

Date

If, after reviewing this flyer and having the content explained, you are interested in claiming **good cause** or would like more information regarding failure to cooperate, you may request that the worker give you a copy of OFS Flyer 6A. OFS Flyer 6A will provide you with detailed information regarding **good cause** claims.