Waiver of Cooperation for Child Support and Medical Support

Custodial parentNoncustodial parent		Social security num	Social security number	
		Social security number		
Children of this noncustodial	parent:			
Child	DOB	Child	DOB	
Child	DOB	Child	DOB	
I request a waiver from coope and Families (DCF) to pursue needed to collect child suppor	child support and medica	al support. I believe that it	-	
Serious emotional harm Physical harm to me wh			<u> </u>	
Check any of the following th	at apply to you:			
Legal proceedings for the	ne adoption of the children	nceived as the result of in n are now in progress in a me decide whether or not	court of law.	
If ESD denies this waiver and	d I do not wish to coopera	te, I may:		
ask for a fair hearing. Mask that my case be closrefuse to cooperate.		pending a fair hearing dec	ision; or	
If I refuse to cooperate:				
 close my state health car 	Education Program (PSE	children's health care bene	efits will continue), and	
Check each item of information written records and dates. Ple	-		including verbal statements or	
Adoption				
Court documents or other court of law.	records which show that	legal proceedings for ado	ption are now in progress in a	
	t to release the child for a	doption. This statement n	ows that this agency is helping nust show that these	

Physical or Emotional Harm	
Hospital records Physician's notes/records Other medical records Medical professionals Mental health professionals Court records Restraining orders Law enforcement records Prison records Arrest records Probation records Police reports	Domestic violence shelters/homes Family Services (DCF) records Social services records Social workers Teachers/guidance counselors Friends Nondisclosure, protective, or relief from abuse order Waiver of cooperation Medical records or records from a mental health professional about the past and present emotional health of you or the child for whom support is sought (if you are requesting a waiver based on emotional harm, this information will be extremely helpful.)
Rape or incest	
Medical recordsWritten or verbal statements from statement.	Law enforcement records people who have knowledge of the circumstances and can support your
How recently have you or the children accidental meeting)?	been in contact with the noncustodial parent (ex. phone call, visit,
What type of contact was it?	
Do you already have a child support or	der?
Are you getting child support payment	s?
obtain support from the noncustodial p	tion in getting support from the noncustodial parent or OCS seeking to arent would be harmful to you or the child for whom you are seeking to have on violent behavior and/or violation of restraining orders. Be as wents you describe.
decision on this request. If I have a pro- reason for requesting a waiver is my fe without any supporting information, if	
Signature	Date

Place original in the office classification file. For confidentiality purposes a copy should not be kept in the participant's file.