



INDICATOR NAME:

IV-D (TANF) --
Good Cause Indicator

IV-D & Non IV-D --
Address Protection Indicator

SETTING CRITERIA:

IV-D --
Good Cause request or status (TANF)

IV-D & Non IV-D --
Court clerk discretion (Temporary/standard statewide process under development)

ELIGIBLE PEOPLE:

People Directly Protected --
Victims

Others Protected --
Victim/abuser offspring in victim's household (Automatic)
Others, as needed (Manual)

IMPACT:

Sends FV Indicator to the FCR
Results in victim receiving referrals to safety programs
Permits county attorneys to take other action, as needed

DURATION:

Indefinite

REMOVAL CRITERIA:

Victim request
Other removal bases under consideration

OVERRIDE:

State-specific components not yet developed

Materials

CHARTS provides family violence-related data fields for both IV-D and non IV-D cases. Samples of those screens appear below.

The first screen -- the "Court Case" screen -- is used for non IV-D and IV-D/Non-TANF situations. It includes a "Party" file, which includes a field that is set when people have safety concerns. (That field is shown below and highlighted.)

The second screen is the CSE Case screen, which is used for TANF case participants. This screen contains a folder specifically related to a case participant's current Good Cause status and history. It also permits the worker to indicate the duration of the person's Good Cause status, if it is granted. (The information concerning Good Cause appears in **bold** on the second screen.)

CHARTS	Children Have A Right To Support!						
Court Case							
FIPS xxxxxxx	Court Case Number Doe1			Caption JANE DOE VS. JOHN DOE			
General	Court Case	Party	Dependent	Jdg Guideline	Jdg Detail	Assignment	Foreign X-Rel
Phone Number () -	Valid Address YES	Address Change Date xx/xx/xxxx	Protect Address Yes	NCP CSE Case Number	IVD Start Date xx/xx/xxxx		

CHARTS -- Children Have A Right To Support!							
CSE Case							
CSE Case Number: xxxxxxxxxxxxxx				NCP: JOHN Q. DOE			
General Interstate	Case Info Good Cause	Participants Non-CO-OP	NPA Request Attorney	PA Request	Relationships	Staff	Family Unit
CP Name JANE DOE	Good Cause Status ACCEPTED/DO NOT PROCEED			Start Date xx/xx/xxxx	End Date xx/xx/xxxx		
	CP Name CP ID	JANE DOE xxxxxxxxxxxxxx					
	Good Cause Status	ACCEPTED/DO NOT PROCEED					
	Start Date	xx/xx/xxxx					
	End Date	xx/xx/xxxx					

Materials

The following form is used when a Nebraska TANF recipient requests Good Cause status to prevent participation in child support activities. It is included here because Good Cause is one of the grounds for setting an indicator within the State. This form contains information that Nebraska considers helpful to maintain in a protected person's records for future use in the event that the protected person desires to pursue child support notwithstanding the safety concern.



**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
GOOD CAUSE CLAIM
REQUEST FOR EXEMPTION FROM CHILD SUPPORT ENFORCEMENT
COOPERATION REQUIREMENTS**

<<SELECTED _ARP_FULL _ NAME>> Custodial Party's Name		SSN: <<SELECTED _ARP_SSN>> Social Security Number	
Address	City	State	Zip Code
Name(s) of Child(ren) for whom Good Cause is being claimed			
Client's Statement. I am claiming Good Cause for the following reason(s): <input type="checkbox"/> Cooperation is anticipated to result in serious physical or emotional harm to the child; <input type="checkbox"/> Cooperation is anticipated to result in physical or emotional harm to me which is so serious it reduces my ability to care for the child adequately; <input type="checkbox"/> The child was born as a result of forcible rape or incest; <input type="checkbox"/> Court proceedings are going on for adoption of the child; or <input type="checkbox"/> I am working with an agency to decide whether to place the child for adoption[.]			
The circumstances are as described below:			
Custodial Party's Signature		Date	Worker's Signature
			Date
Social Service Comments/Recommendation including why IV-D action should/should not proceed:			
<<Im_ Worker_ Name>>, Social Service Case Manager			Date
IV-D Decision:			
Good Cause Determined: <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason/Comments: _____	
IV-D Action Will Proceed: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<<Asp _ Full Name>>, IV-D Worker			Date
Signature of IV-D Supervisor			Date

