

Oregon



**INDICATOR NAME:**

IV-D/TANF --  
Good Cause Indicator

IV-D & Non IV-D --  
Claim of Risk Indicator

**SETTING CRITERIA:**

IV-D--  
Good Cause status (TANF)

IV-D & Non IV-D--  
Self-report (Written)  
Child support order with a protection component

**ELIGIBLE PEOPLE:**

People Directly Protected --  
Adult victims

Others Protected --  
Victim/abuser offspring in victim's household (Automatic)

**IMPACT:**

Overall--  
Sends FV Indicator to the FCR

Claim of Risk--  
Shields victim's data on documents, etc.

**DURATION:**

Indefinite

**REMOVAL CRITERIA:**

Victim request (Written)  
Loss of Good Cause status

**OVERRIDE:**

In development/no draft available

# Materials

*Below is a document given to public assistance recipients in Oregon. This statement sets out ways for a person to safely pursue child support despite family violence concerns.*

## ***Safety and the Oregon Child Support Program***

### **WORKING WITH THE CHILD SUPPORT PROGRAM (SED and DA)**

The law says you must help Adult & Family Services (AFS), Support Enforcement Division (SED) and the District Attorney (DA) offices to get child support unless it is not safe.

- If you get cash help from AFS, SED will help you get child support and medical support for your children.
- If you are on the Oregon Health Plan (OHP), SED or the DA will help you get medical support. They will also try to collect cash child support unless you tell them not to.
- To get support, SED or the DA may need to prove who the child's father is -- this is called establishing paternity.

### **PURSUING CHILD SUPPORT SAFELY**

There are two ways that the Child Support Program may be able to help you get child support AND still keep you and your child safe.

#### **1) Address of Record**

When the Child Support Program sends mail to the other parent or person in your case, it may show your home address. If you do not want the other parent or person to get mail with your home address, you can use another address. They call the other address an "Address of Record" (AOR). The Child Support Program will use this AOR for legal mail they send you. They will also list this AOR as your address on legal paperwork they send to the other parent or person. The AOR should not be your home address or the address where you get your child support or cash assistance checks.

A parent does NOT need a reason to use an "address of record".

An "address of record" is good for six months. AFTER six months, the Child Support Program will try to contact you to find out if the address is still good. If they cannot reach you, they will continue to use your "address of record". If your "address of record" changes, or at the end of every six months, you should complete a new "address of record" form.

- *If you do not want your home address used, complete the SED 173 (Address of Record) form. Send it to the local SED office or DA office handling your case.*

#### **2) Claim of Risk**

Legal papers have information about you. This could help the other parent or person find you. If you think you or your child could be harmed, SED and the DA may be able to protect certain types of information, including home addresses; phone numbers; employer names, addresses and phone numbers; drivers' license numbers; and Social Security numbers. This is called Non-disclosure of Information based on Claim of Risk. "Non-disclosure" means NOT to disclose or give information.

To apply, complete the SED 595 (Do Not Release Information) form, and provide an “address of record”. (See above for an explanation of address of record.) Send them to the local SED office or DA office handling your case.

### **WHEN IT IS NOT SAFE TO PURSUE CHILD SUPPORT**

The Child Support Program will not try to get child support if doing so could cause you or your child harm. If you have good reason for not working with the Child Support Program, it is called “good cause”.

- Domestic violence or abuse is one reason why “good cause” might be found.
- Rape, incest, and adoption situations are some of the other reasons.
- To claim “good cause”, tell your AFS/OHP worker. You can do this in person, by phone, in writing or by using the SED 174 (Good Cause) form. If you are receiving cash public assistance or are on the Oregon Health Plan, return the form to your AFS worker or OHP worker. If you are not receiving cash assistance or not on the Oregon Health Plan, return the form to the SED or the DA office handling your case.

**YOU CAN ASK FOR “GOOD CAUSE” AT ANY TIME.**

## **Materials**

The following form is completed by a person who wishes to use an “Address of Record” -- or substitute address -- rather than his/her own residence address and thereby minimize the risk to himself/herself or children in his/her care. A person does not have to explain why he/she wants to use an Address of Record. Further, use of an Address of Record does not give the person a Claim of Risk Indicator or a Good Cause Indicator -- the two which are sent to the FCR. This safety designation simply permits the person to use an address other than his/her own on official documents.

ADDRESS OF RECORD

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Other Parent or Person Involved in the Case: \_\_\_\_\_  
(print name of other parent or person)

Please send legal papers to me at this address:

\_\_\_\_\_
(number/street; apartment or space # or P.O. Box)

\_\_\_\_\_
(city, state, and zip code)

I UNDERSTAND that this "address of record":

- Is given to the other parent or person during the legal proceeding.
Must be in the same state that I live.
Is a place I must check often for legal papers.
May be good only for six months. The Child Support Program will try to contact me after the six months. They will ask if I still want this "Address of Record" used.
Can be updated after the six months. I can fill out this form again or call the Child Support Program.
Can be changed by me at any time during the six months. I can fill out a new form or call the child support program.
Is used only for legal papers. If I receive cash assistance or child support checks, they will still go to my home address.

\_\_\_\_\_
(signature)

\_\_\_\_\_
(date)

\_\_\_\_\_
(print name clearly)

Send this form to the SED or DA office handling your case.

DHR Case No. \_\_\_\_\_

SED 173 (Rev. 11/98)

Materials

In addition to the Address of Record form, a sample screen is included. An Address of Record can be requested by either the custodial parent (Obligee) or the non-custodial parent (Obligor) or both parties as in this example.

SJ7F	XXXXXXXXXXXX,XXX			DIVORCE	PND=000	XXX XXXX XX/XX/XX
10	DOE, JOHN	D- 01	*****	10	DOE, JANE	
27	123 EASY STREET	0- 01	*** AOR ***	27	P O BOX 123	
98	ANYWHERE OR NO-GD	B- 37	*****	98	ANYWHERE OR NO-GD-	
SSN	XXX-XX-XXXX OFST- A		*** BTH ***	SSN	XXX-XX-XXXX F- 5 P- 9	
10	CSEAS PROJECT		GRANT-AMT	440.00	FILE I WR WORK	
50						
27	1234 EVERGREEN ST		AGREED-AMT	50.00	THRU xx-xx-xx XXX	6133.46
98	ANYWHERE OR NO-GD-		CT-ORD-AMT	100.00	DUE xx-xx-xx CUA	2000.00
WAGE	ASSIGN 10 PHO 000-000-0000		BR XXXX		ARS	304265.96
101	MICHAEL CH XXX-XX-XXXX		XX-XX-XX S	1250.00	100.00	00-00-00

PA2 -- NEXT PAGE

**Materials**

*The form that follows is used in Claim of Risk situations. It permits a person, with a safety concern, to ask child support officials not to release his/her personal information. Note that there must be an official finding for a Claim of Risk to be asserted.*

**DO NOT RELEASE INFORMATION**  
based on CLAIM OF RISK

**REQUEST**

Name: \_\_\_\_\_ DHR Child Support Case Number \_\_\_\_\_

The other parent or person on my paternity or support case is: \_\_\_\_\_

I believe that my family’s health, safety, or liberty would be put at risk. I do not want any of the below information given to the parent or person listed above.

- . My home, mailing, or contact address
- . My social security number
- . My telephone number
- . My driver’s license number
- . My employer’s name, address, and telephone number

I understand that:

- I must provide an “**address of record**” that will be given to the other parent or person
- This address must be in the same state that I live in
- Unless I have a lawyer, all legal papers mailed to me during this legal matter will be sent to this address
- I must check often this address to see if I have mail

My “**address of record**” is: \_\_\_\_\_  
(number/street; apartment or space # or P.O. Box)

\_\_\_\_\_  
(city, state and zip code)

I certify that the above information is true:

\_\_\_\_\_  
(signature) (date)

(FOR SED OR DA USE ONLY)

**FINDING and ORDER of NONDISCLOSURE**

*Based on OAR 461-195-0291 and the above statement, I FIND that disclosure of the above information would unreasonably put at risk the health, safety, or liberty of the claimant or child and ORDER that this information not be disclosed.*

\_\_\_\_\_  
Authorized Representative for the State of Oregon Date

**Send this form to the local SED or DA office that is handling your case.**

SED 595 (Rev. 11/98)

Materials

This screen sample illustrates the Claim of Risk Indicator. Claim of Risk also can be requested by either the custodial parent (Obligee) or the non-custodial parent (Obligor) or both parties.

SJ7F	XXXXXXXXXXXX,XXX			DIVORCE	PND=000	XXX XXXX XX/XX/XX		
10	DOE, JOHN	D- 01	*****	10		DOE, JANE		
27	123 EASY STREET	0- 01	** RISK **	27		P O BOX 123		
98	ANYWHERE OR NO-GD	B- 37	**CLAIM**	98		ANYWHERE OR NO-GD-		
SSN	XXX-XX-XXXX OFST- A		**BTH**	SSN		XXX-XX-XXXX F- 5 P- 9		
10	CSEAS PROJECT			GRANT-AMT	440.00	FILE I WR WORK		
50								
27	1234 EVERGREEN ST			AGREED-AMT	50.00	THRU xx-xx-xx XXX		6133.46
98	ANYWHERE OR NO-GD-			CT-ORD-AMT	100.00	DUE xx-xx-xx CUA		2000.00
	WAGE ASSIGN 10 PHO 000-000-0000			BR XXXX		ARS		304265.96
101	JIM CH XXX-XX-XXXX XX-XX-XX S				1250.00	100.00		00-00-00

PA2 -- NEXT PAGE

Materials

Finally, an Oregon case participant receiving public assistance can claim "Good Cause," which permits the person to refrain from cooperating with child support efforts. The form that follows is used to collect that information.

The screen that follows provides an example of the Good Cause Indicator. This indicator appears on the SJ7F screen as a result of an interface with the systems used by AFS or OHP staff, who make the Good Cause determination.

**GOOD CAUSE**  
**for NOT HELPING THE CHILD SUPPORT PROGRAM WITH**  
**PATERNITY, CHILD SUPPORT, OR MEDICAL SUPPORT**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Absent Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I have read or have been told about "good cause" for not helping the Child Support Program with paternity, child support, or medical support issues.

**I BELIEVE I have "good cause" because:**  
 (check all the apply)

- Helping the Child Support Program will put the safety of my child at risk.
- Helping the Child Support Program will put my safety at risk.
- I got pregnant because of incest or rape.
- Legal proceedings for adoption of my child are pending before a court[.]
- I am working with a public or private social agency. They are helping me decide about adoption.

**I UNDERSTAND that:**

- If AFS or OHP finds "good cause", the Child Support Program will take **no action on paternity or child support.**
- Even if AFS or OHP finds "good cause", the other parent may begin a legal action on paternity or child support **on his or her own.**
- Only those who receive assistance from AFS or OHP may claim "good cause". Those who received assistance from AFS or OHP in the past, may claim "good cause" if SED or the DA is still handling the case.
- I can take back or make a new request for "good cause" at any time.

\_\_\_\_\_  
 (signature) (date)

Send this form to your AFS or OHP caseworker. If your child support case is with the DA, your case may be closed.

SED 174 (Rev. 11/98)

SJ7F	XXXXXXXXXXXX,XXX			DIVORCE	PND=000	XXX	XXXX	XX/XX/XX
10	DOE, JOHN	D- 01	*****	10		DOE, JANE		
27	123 EASY STREET	0- 01	** GOOD **	27		P O BOX 123		
98	ANYWHERE OR NO-GD	B- 37	**CAUSE **	98		ANYWHERE OR NO-GD-		
SSN	XXX-XX-XXXX OFST- A		***LRB***	SSN		XXX-XX-XXXX F- 5	P- 9	
10	CSEAS PROJECT		GRANT-AMT	440.00		FILE I	WR WORK	
50								
27	1234 EVERGREEN ST		AGREED-AMT	50.00		THRU 00-00-00 XXX	6133.46	
98	ANYWHERE OR NO-GD-		CT-ORD-AMT	100.00		DUE 00-00-00 CUA	2000.00	
WAGE	ASSIGN 10 PHO 000-000-0000		BR XXXX			ARS	304265.96	
101	JIM CH XXX-XX-XXXX		XX-XX-XX	S		1250.00 100.00	00-00-00	

PA2 -- NEXT PAGE