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| MICHIGAN IV-D CHILD SUPPORT PROGRAMEXPLANATION OF NONCOOPERATION DETERMINATION |
| Michigan Department of Health and Human Services |
| **SEND TO:** | MDHHS Hearings Coordinator: |       |  |
|  |  |  |
|  | Date: |       |  | Fax: |       |  |
|  |  |  |  |  |  |  |
|  |
| Name of Recipient in Noncooperation: |       |  |
|  |  |
| IV-D Child Support Case No.: |       |  | Recipient ID No.: |       |  |
|  |  |  |  |  |
| 1. | The recipient is required to cooperate to establish paternity and/or child support pursuant to 45 Code of Federal Regulations 264.30; Michigan IV-D Child Support Manual Section 2.15, “Cooperation/Noncooperation/Good Cause”; and Bridges Eligibility Manual (BEM) 255, Child Support. |
| 2. | The recipient was placed into noncooperation status on |       | for the following reason(s): |
|  | (List below **all** dates and reasons) | (date) |  |
|  |       |
| 3. | Copies of the notice(s) and other pertinent documentation are attached (contact letters show address[es]). |
| 4. | To date, the recipient has failed to cooperate with the Office of Child Support or its partner agencies. |
| 5. | To cooperate, the recipient must do the following: |
|  |       |
|  |  |
|  |       |  |       |  |       |  |
|  | IV-D Worker |  | Phone |  | Fax |  |
| IV-D Office:  | [ ]  PA | [ ]  FOC | [ ]  OCS |  |       |  |
|  |  | Email |  |
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