



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING, MI

RICK SNYDER
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MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES
OFFICE OF CHILD SUPPORT
235 S GRAND AVE STE 810
LANSING, MI 48933-1805

Phone No: (866) 540-0008
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June 13, 2015

CPFIRST56 MIDDLEMM LAST56

***** , ** *****_****

Child Support IV-D Case Number: **913167035**
Docket Number: 2015111111-DP
MDHHS Case Number: 117052509

Non-Custodial Parent: Ncpfirst55 Last55
Child(ren): Dpfirst57 Middlejj Last57

Dfirstp57 Midledpp Last57

NONCOOPERATION NOTICE

Dear Ms. Last56:

Federal law and state policy require all persons receiving benefits from the Family Independence Program, Medicaid, Food Assistance Program and/or Child Development and Care to cooperate with the child support program.

You are considered to be noncooperative with the child support program because:

- Two missed telephone interviews: The first on , the second on .
 - Failure to attend an appointment with the Friend of the Court on .
 - Failure to attend an appointment with the Prosecuting Attorney's office on .
 - Failure to appear for your court hearing on .
 - Failure to appear for genetic testing on .
 - Failure to respond to an information request.
 - Failure to respond to two contact letters.
- Other:

Failure to cooperate with the child support program will result in a reduction of your benefits or case closure of your benefits unless you have a valid good-cause reason. You may contact your MDHHS worker to complete a *Claim of Good Cause - Child Support* (DHS-2168) form if:

- Cooperating would result in serious physical or emotional harm to the child or to you;
- The child's birth was a result of incest or rape; or
- Adoption proceedings are pending.

Your MDHHS worker is aware of this letter and will inform you in writing how this will affect your case. If you would like to cooperate, please contact the Office of Child Support at (866) 540-0008.

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

Legal Authorities: 42 USC 654(29) Failure to cooperate may result in loss of Family Independence Program benefits for all family members and loss of Medicaid for the noncooperating members. R400.3009 MAC and R400.5008 MAC Failure to cooperate may result in loss of benefits from Child Development and Care and the Food Assistance Program.

This institution is an equal opportunity provider.

Sincerely,

Office of Child Support
(866) 540-0008

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