



COVER LETTER FOR CSSD COOPERATION PACKET

This packet is being provided to you because you are applying for TANF and/or Medicaid benefits. You have indicated on your Application for Assistance that one or both parent(s) of the child(ren) for whom you seek assistance, does not reside in your household.

This packet must be completed and returned to a CSSD office within ten (10) business days of receiving it or benefits may be at risk.

The ISD Worker's signature (below) indicates that this packet has been presented to the applicant and the applicant understands that the packet must be completed and returned to the CSSD office. *(If it cannot be taken to the CSSD office, it may be dropped off at the ISD office who will then forward to CSSD. The applicant must fully cooperate with CSSD by attending all scheduled interviews, reviewing and signing needed documents, providing requested information, attending court hearings, and actively participating in the establishment and/or enforcement of your case.)*

I, the applicant in case _____ (TANF/Medicaid case ID), acknowledge that I have been given this packet and that it must be returned to CSSD within 10 business days from today.

Applicant Signature

Date

Applicant Name (printed)

ISD Worker

COOPERATION WITH CHILD SUPPORT SERVICES DIVISION IS IMPORTANT!

A condition of your application for TANF (and Medicaid) is that you cooperate with the Child Support Services Division (CSSD), and that you assign your rights to child support and medical support to the State for the duration of assistance.

There are many reasons why you should cooperate with CSSD to establish parentage, child support, and medical support for your child or the child in your physical custody, including these:

1. **Establishing Parentage and Child support** – There is an advantage for the paying parent(s) if support is established early, so that a large amount of child support arrears doesn't build up.
2. **Benefits** – If parentage is established, the child(ren) could be entitled to take advantage of potential benefits such as Social Security and Veteran's benefits that could include eligibility for health care, educational benefits, or money.
3. **Health Care** – The parent(s) of the child(ren) may be required to provide health care coverage and/or medical support payments for the child(ren). They can also be held responsible to help pay a portion of medical bills and other health care costs.
4. **Inheritance** – If the parent(s) of the child(ren) owns property or other assets, the child(ren) may be entitled to inherit it.
5. **Family Medical History** – Knowing the medical history of both parents of the child(ren) may help your doctor provide the proper medical care for your child. This is especially important in situations in which the child(ren) inherits a medical problem.
6. **Peace of Mind** – It is tough growing up today. The child(ren) will have an easier time by being supported by both parents and establishing healthy relationships with both parents.

This packet must be completed and returned to a local CSSD office within 10 business days of receiving it. Please do not sign the Initial Paternity Questionnaire until you are in the CSSD office with a notary. The notary must witness your signature.

- Today's date: _____ Due by: _____
- Please bring any documents relating to the child's birth such as birth certificate, Acknowledgement of Paternity, and immigration record.
- Bring any marriage certificates, divorce decrees, and support orders.
- Bring any records of support provided by the other parent or both non-custodial parent(s).

If you are not able to bring the packet and documents to the CSSD office, you may bring them to the ISD office who will forward them to the appropriate CSSD office. However, you will be required to keep an appointment with CSSD when they contact you.

NEW MEXICO CSSD OFFICES
(Toll Free #1-800-283-4465)

<u>Farmington</u> County Office 1 101 W. Animas Farmington, NM 87401 FAX (505) 326-4868 Counties served: McKinley and San Juan	<u>Las Cruces</u> County Office 2 653 Utah Las Cruces NM, 88004 FAX (575) 524-6539 Counties served: Dona Ana and Sierra
<u>Albuquerque North</u> County Office 3 1010 18th St NW, Albuquerque, NM 87104 FAX (505) 222-9944 Counties served: Bernalillo North	<u>Albuquerque South</u> County Office 7 1015 Tijeras, NW Suite 100 Albuquerque, NM 87102-2909 FAX (505) 222-9431, 222-9480 Counties served: Bernalillo South
<u>Las Vegas</u> County Office 4 2536 Ridge Runner Road Las Vegas, NM 87701 FAX (505) 425-7227 Counties served: Colfax, Guadalupe, Mora, San Miguel, Taos t, Union	
<u>Santa Fe</u> County Office 5 39-A Plaza La Prensa Santa Fe, NM 87505 FAX (505) 827-1939 Counties served: Los Alamos, Rio Arriba, Santa Fe	<u>Roswell</u> County Office 6 2732 North Wilshire Blvd. Roswell, NM 88201 FAX (575) 624-6185 Counties served: Chaves and Eddy
<u>Clovis</u> County Office 10 3316 North Main Street, Suite B Clovis, NM 88101 FAX (575) 769-8125 Counties served: Curry, Roosevelt, Quay, De Baca, Harding	<u>Hobbs</u> County Office 15 2120 North Alto Suite 109 Hobbs, NM 88240 (575) 393-1642 Counties served: Lea
<u>Silver City</u> County Office 12 3088 32nd Street By-Pass, Suite B Silver City, NM 88061 FAX (575) 538-3212 Counties served: Grant & Hidalgo	<u>Deming</u> County Office 16 910 East Pear / P.O. Box 750 Deming, NM 88031 FAX (575) 544-2045 Counties Served: Luna
<u>Los Lunas</u> County Office 14 445 Camino del Rey Los Lunas, NM 87031 FAX (505) 222-0869 Counties served: Valencia, Socorro, Catron, Torrance & Cibola	<u>Rio Rancho</u> County Office 13 4363 Jager Drive NE, Rio Rancho, NM 87144-7520 FAX (505) 383-6373 Counties Served: Sandoval
<u>Alamogordo</u> County Office 18 2000 Juniper Ave Alamogordo, NM 88310 FAX (575) 434-8368 Counties served: Lincoln & Otero	

CHILD SUPPORT SERVICES DIVISION
INITIAL PATERNITY QUESTIONNAIRE

The information requested in this questionnaire is confidential and available only to the District Court and the Child Support Services Division for use in enforcement of the support laws of the State of New Mexico

MOTHER

Name: Last First MI			Social Security Number	Birth Date	
Address: Street/PO Box/Rural Route		City	State	Zip Code	Phone-With Area Code
Other Addresses Where Mother Can Be Reached		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Race	
Occupation		Employer		Work Phone-With Area Code	
Work Address: Street/PO Box/Rural Route		City	State	Zip Code	Cell Phone-With Area Code

FATHER

Name: Last First MI			Social Security Number	Birth Date	
Other Names or Aliases Used				Race	
Address: Street/PO Box/Rural Route		City	State	Zip Code	Phone-With Area Code
Work Address: Street/PO Box/Rural Route		City	State	Zip Code	Work Phone-With Area Code
Bank			Location	Cell Phone-With Area Code	
Physical Description Height _____ Weight _____ Hair Color _____ Color of Eyes _____			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced		

CHILD

Name: Last First MI			Weight at Birth Pounds ____ Ounces ____	Date of Birth
Place of Birth: City		County	State	State of Conception
Hospital	Address: Street/PO Box/Rural Route City State Zip Code			
Doctor or Midwife Providing Prenatal Care	Address: Street/PO Box/Rural Route City State Zip Code			
Doctor Delivering Child	Address: Street/PO Box/Rural Route City State Zip Code			

Please answer the following questions as completely and accurately as possible.

1. Has there been previous Legal Action pertaining to parentage of this child? ☐ YES ☐ NO Date: _____
Attorney: _____ What Happened: _____
2. Were you married when you became pregnant? ☐ YES ☐ NO If yes, name and present address of your husband if he is not the father of your child: _____
3. Is the father's name listed on the birth certificate? ☐ YES ☐ NO Did he sign any papers? ☐ YES ☐ NO If yes, What papers? _____
4. List the names, addresses and telephone numbers of persons to whom father has admitted paternity or who can provide other information that would be helpful to the case:
1) _____
2) _____
3) _____
5. Did you ever live with him? ☐ YES ☐ NO Date from: _____ Place: _____
Address: _____
Name used: _____
6. Is the father exercising visitation rights? ☐ YES ☐ NO If yes explain: _____
7. If the father is not exercising visitation rights, does he wish to? ☐ YES ☐ NO
If yes, please explain: _____
8. What was the date you think you became pregnant? _____
Why do you believe this date is correct? _____
9. Are you willing to take blood tests? ☐ YES ☐ NO

Do you declare under penalty of perjury that this information is true to the best of your knowledge upon your sworn or affirmed statement? ☐ YES ☐ NO

Date: _____

Custodial Parent's Signature _____

SUBSCRIBED and SWORN to before me on

this _____ day of _____, _____

Notary Public

My Commission Expires: _____

I. STATEMENT OF UNDERSTANDING AND NOTICE OF NON-REPRESENTATION

The New Mexico Child Support Services Division (CSSD) serves the State's interest in having children adequately supported by their parents. CSSD also pursues reimbursement for TANF and Medicaid assignments, pursuant to State and Federal laws. Your case will be primarily handled by non-attorney CSSD staff, who may or may not refer your case to a CSSD Attorney. You will likely be required to appear as a witness in court, meet with a CSSD Attorney, and/or meet with non-attorney CSSD personnel to discuss your case.

The CSSD Attorney represents the State of New Mexico only. There is no express or implied attorney-client relationship between you and any CSSD Attorney. And there is no confidential relationship between you and the CSSD attorney. The information you provide the CSSD attorney is not confidential and may be revealed to the other party. By law, the CSSD Attorney represents the State of New Mexico only, and the way he or she handles cases is also limited by law. If you are not satisfied with the actions taken by CSSD or its attorney(s), you may file your own pleadings with the court, or you may hire a private attorney to represent you.

II. CONFLICT OF INTEREST

The CSSD Attorney only represents the interests of the State. There may be times when the State's interests are different from the custodian's personal interests. The CSSD Attorney is required by law to act in the best interests of the State. For example, the State may ask that a judgment be entered in favor of the State only, if you fail to appear for a hearing when you had proper notice. All payments shall be made and processed through the CSSD State Disbursement Unit (SDU) and shall be distributed according to State and Federal laws. A CSSD Attorney may settle only the State's interest in your case without your input or approval.

Your interests may conflict with the interests of another child support customer; some of your information may be available to the other parent. If the non-custodial parent of your child has more than one child support case with CSSD your case will not receive preferential treatment. CSSD personnel working on the non-custodial parent's other case(s) will have access to information you provided to CSSD.

The amount of your monthly support obligation may be modified based on State and Federal laws. At the request of either party, your support order may be reviewed by CSSD for modification. If the review shows that the amount of support should be changed, CSSD may proceed to seek a modification. The support amount could be increased or decreased, based on the current circumstances of both parties and the child(ren). If a motion for modification is filed, a judge or hearing officer will make the final decision, based on New Mexico law. Your case will be subject to this review and modification process.

III. CONFIDENTIALITY

Not all information you provide to any CSSD employee is confidential. Some information may be revealed to the other party. There is no Attorney-Client relationship between you and any CSSD employees, including CSSD attorneys. Any information you provide to any CSSD employee will be available to everyone employed by CSSD, including the staff working on the other parent's case (if the other parent also receives CSSD services) and CSSD staff working on other custodial parents' cases, who share with you a common non-custodial parent. It is even possible that information provided by you to a CSSD employee may be used against you in certain circumstances. Such circumstances include, but are not limited to, revealing information that may lead to charges of welfare fraud against you. For example, if you received benefits, such as TANF, and you failed to report child support or other income to the Income Support Division.

IV. LIMITATION OF CSSD ACTION

By law, the role of CSSD or its attorneys is limited solely to the issue of child support and medical support. CSSD will not provide services relating to other issues such as visitation, custody, property settlements, or other similar matters. If any issues other than support arise, you may contact a private attorney, Legal Aid, or you may consult with the self-help division at your courthouse.

IMPORTANT

DO NOT SIGN BELOW UNLESS YOU FULLY UNDERSTAND AND AGREE TO ALL THE ABOVE. If you have any questions concerning the above, you may want to discuss them with an attorney before applying for CSSD services.

I have read and understand the above terms. I understand that the CSSD attorney does not represent me. I agree to the above terms.

Applicant/Recipient
Signature: _____

Date
(mm/dd/yyyy): _____

NOTICE

The Child Support Services Division (CSSD) would like to help you receive your child support payments faster, easier and more securely. Once your Child Support payments start coming in, you can receive them in one of 2 ways, either:

DIRECT DEPOSIT

or

DEBIT CARD



Direct Deposit: If you want to receive your payments directly to a bank account that you already have, please complete the attached Direct Deposit Request Form.

Debit Card: Please review the attached brochure with the fee schedule for the New Mexico Child Support Way2Go Prepaid Mastercard® Debit Card (Debit Card). If you prefer to receive payments via the Debit Card, do nothing at this time. You will automatically be enrolled (unless you selected to receive payments through direct deposit) to receive the Debit Card once a support order is established in your case.

All support payments sent by CSSD must be through electronic funds transfer (EFT) – Direct Deposit or Debit Card. Please note that if you have more than one CSSD case, your selection of either direct deposit or the Debit Card will apply for all of your cases. When payments are received on your case, the first payment(s) sent by CSSD to you may be via warrant (check) until the CSSD automated system interfaces to send you payments via direct deposit or the Debit Card. If you have a legal guardian or conservator, are involved in legal proceedings such as bankruptcy, or are legally prohibited from obtaining a financial account, you may qualify for an exemption from EFT payments. If one of these situations applies to you, please request an EFT Exemption Form from your local CSSD office to be completed by you and reviewed for approval by CSSD.

Directions for Authorization for Direct Deposit of Child Support Payments

Direct Deposit Payment Authorization:

Direct Deposit is also known as electronic funds transfer (EFT). By signing the Direct Deposit Authorization form, you authorize the New Mexico Child Support Services Division (CSSD) to deposit your child support payments directly into your account. When a payment is posted to your child support case, CSSD electronically tells your bank to credit your account. You may also sign up on-line on the New Mexico Child Support web site: <https://yes.nm.gov>

Requirements to Use This Payment Method:

- You must have a checking/savings account at a bank or credit union
- You must have a child support case with NM CSSD.
- Payments for all cases you have with NM CSSD will be by direct deposit.

Information Needed to Enroll:

- A fully completed authorization must be submitted.
- Fill out all areas of the authorization. Do not leave any blanks.
- The authorization must be signed. (If you have a joint account, be sure both account holders sign the authorization.)
- You must attach a blank check marked “void” to the authorization form. *(The information on the check may be different than on a deposit slip; and you may need to verify with your financial institution as to what the correct account number is to use for direct deposit.)*

Send the completed authorization form with the voided check attached to any of the following options:

- **Mail: NM State Disbursement Unit**
PO Box 2348
Santa Fe, NM 87504
- **Fax: NM SDU at 505-476-3920**
- **Upload online: online account at <https://yes.nm.gov>**
- **Drop off at local CSSD office: locations at https://hca.nm.gov/lookingforassistance/field_offices/**

The Process:

- CSSD will confirm your bank-related information. You will receive a letter confirming the information on your account. It takes about 10 working days to set up the deposit.

Stop or Change the Direct Deposit:

- The direct deposit will remain in effect until CSSD is notified in writing by the account holder(s), to terminate the authorization **and CSSD has time to act on it**. The termination letter should be sent to the address or fax number listed above.
- When the Direct Deposit is terminated, any child support payments will be sent by a state warrant (check) to the most recent address CSSD has for you.
- If you change your bank, you, as the account holder, must notify CSSD to terminate your authorization in writing, to the address or fax number listed above. A new, fully completed, Direct Deposit Authorization form must be submitted if you wish to have your child support payments deposited directly into your new account.
- If your bank will not honor your deposit, CSSD will cancel your direct deposit authorization and send a state warrant (check) to the most recent address CSSD has for you.

Receiving a Payment:

CSSD will disburse a payment to your account when a payment applies to your case. In most instances, the payment will be received at your bank within two business days after CSSD applies the payment to your case.

**State of New Mexico Health Care Authority
Child Support Services Division**

Direct Deposit Authorization

The New Mexico Child Support Services Division (CSSD) is authorized to make deposits to the account listed below for the purposes of child support payments only:

Conditions:

The authority to make deposits to the account will remain in effect until the CSSD is notified in writing, by the account holder, to terminate.

The Child Support Services Division reserves the right to cancel the authorization at any time.

☐ **New** ☐ **Update/Correct** ☐ **Stop**

Custodial Parent's Name		SSN:	
P.O. Box or Street Address:			
City	State	Zip Code	
Daytime Telephone Number:			
Financial Institution Name		Financial Institution Address	
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Number:

I authorize _____ CSSD to make deposits to the account listed above. CSSD may make deposits to this account until I cancel the authorization and CSSD has time to act on it. CSSD reserves the right to cancel the authorization at any time. If funds are mistakenly deposited into my account, I authorize CSSD to deduct the amount of the error from my future payments. I understand that if the account listed above is a joint account, all holders of that account must authorize by signing below.

Account Holder's Signature	Date:
Account Holder's Signature (for joint accounts)	Date:

Please attach a voided check with the authorization form

Other states may contact the EFT Unit at the address above (p. 1) or call NM CSSD Customer Service at 800-283-4465 to set up EFT with New Mexico.

List of all fees for NM Child Support Way2Go Card Prepaid Mastercard

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Monthly Usage		
Monthly Usage Fee	\$0.00	There is no monthly fee associated with this card.
Spend money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Payment	\$0.00	There is no fee for paying bills online via GoProgram.com.
Get Cash		
ATM withdrawal (in-network)	\$0.00	There is no fee for in-network ATM withdrawals. In-network refers to Allpoint ATM locations. Locations can be found at https://www.allpointnetwork.com/locator.html . When using your Card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00
ATM withdrawal (out-of-network)	\$1.20	This is our fee. You will be charged for each transaction conducted at out of network ATM locations. Out-of-network refers to any ATMs not in the Allpoint ATM network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawal (OTC)	\$0.00	There is no fee for teller-assisted cash withdrawals conducted at Mastercard Member Bank or Credit Union teller windows.
Information		
Instant mobile balance inquiry text	\$0.00	There is no fee to sign up for deposit notification, low balance alert and/or instant mobile alert via email, phone or text message. You may also sign up for Instant Mobile Text Alerts. You are responsible for all charges and fees associated with usage of email or text messages imposed by your mobile carrier or internet service provider.
ATM balance inquiry (in or out-of-network)	\$0.00	There is no fee for conducting balance inquiries at any ATM.
Customer service	\$0.00	There is no fee for calling the automated customer service line. There is never a charge to transfer to a live agent.
Using your card outside the U.S.		
International Transaction fee	\$0.00	There is no additional fee for transactions occurring outside of the United States.
International ATM withdrawal	\$1.20	This is our fee. You will be charged for each transaction conducted at out of network ATM locations. Out-of-network refers to any ATMs not in the Allpoint ATM network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00
International ATM balance inquiry	\$0.00	There is no fee for conducting balance inquiries at any ATM.
Other		
Card replacement	\$0.00	There is no fee to replace your card.
Expedited card delivery	\$12.50	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee, in addition to any applicable card replacement fee. Expedited card delivery can be expected within 3 to 5 calendar days.
Funds transfer via Interactive Voice Response (IVR-phone) or web portal	\$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.
Inactivity fee	\$0.00	There is no fee charged should your card become inactive. Inactivity is defined as no deposits, purchases, calls to the automated or live customer service, cash withdrawals, ATM balance inquiries, or fund transfers for 12 consecutive months.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-844-309-5656, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com. For general information about prepaid accounts, visit cfpb.gov/prepaid.

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

New Mexico Child Support Prepaid Card issued by Comerica

You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own prepaid account; or this prepaid card. You do not have to accept this prepaid card. Ask the state agency about other options.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network	N/A
		\$1.20* out-of-network	
ATM balance inquiry (in or out-of-network)			\$0
Customer service (automated or live agent)			\$0 per call
Inactivity			\$0
We charge one other type of fee.			
Card replacement fee (regular or expedited delivery)			\$0.00** or \$12.50**
<p>* This fee can be lower depending on how and where this card is used. See separate disclosure for ways to access your funds and balance information for no fee **and for information on standard and expedited delivery of card replacements.</p> <p>No overdraft/credit feature.</p> <p>Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid.</p> <p>Find details and conditions for all fees and services in the cardholder agreement.</p>			

NEW MEXICO HCA-CSSD PREPAID DEBIT CARD ENROLLMENT FORM
FORMULARIO DE SUSCRIPCIÓN A LA TARJETA DE DÉBITO PREPAGA HCA-CSSD DE NUEVO MÉXICO

Name (please print) _____
Nombre (por favor escriba en letra de imprenta) First –Primer Nombre Middle Initial – Inicial del Segundo Nombre Last – Apellido

Address _____ **Apt. #** _____
Dirección Dpto#

City _____ **State** _____ **Zip Code** _____
Ciudad Estado Código postal

Phone Number () _____ **Date of Birth** ____/____/____ **Social Security Number (required)** ____-____-____
Número de teléfono Fecha de Nacimiento Número del Seguro Social (requerido)

Child Support *Manutención de menores*

Member Number (required) *Número de Miembro (obligatorio)* _____
(This is the 9 – digit Member Number located on your payment stub. Or contact the NM CSSD at 1-800-283-4465)
(Este es el Número de Miembro de 9 dígitos que se encuentra en su talón de pago. O comuníquese con el CSSD de NM al 1-800-283-4465)

By signing this form, I authorize the New Mexico Child Support Services Division (“State Agency”) to share information about me with Comerica Bank, (“Bank”) for the purpose of establishing a Prepaid Debit Card account (“Prepaid Card”) that will be used by the State Agency for disbursement of my child support payments. I understand that the Prepaid Card is a voluntary disbursement option provided by the State Agency and will cancel and replace any direct deposit or check selections I have made previously. I acknowledge that the Prepaid Card is subject to certain terms, conditions and fees established by the Bank and agree to be bound by the terms of the State of New Mexico Prepaid Debit Card Deposit Agreement from Comerica Bank, that will be provided when I receive my Prepaid Card. I have received, read and understand the Schedule of Fees furnished with this enrollment brochure.

Al firmar este formulario, autorizo a la División de Servicios de la Manutención de Infantil («Agencia Estatal») a compartir mi información con Comerica Bank («Banco») con el fin de establecer una cuenta de tarjeta de débito prepaga («Tarjeta prepaga») que utilizará la Agencia Estatal para el desembolso mis pagos de la manutención de menores. Entiendo que la tarjeta prepaga es una opción de desembolso voluntario proporcionada por la Agencia Estatal y cancelará y reemplazará cualquier depósito directo o selección de cheques que haya hecho anteriormente. Reconozco que la tarjeta prepaga está sujeta a ciertos términos, condiciones y cargos establecidos por el Banco y acepto regirme por los términos del Acuerdo de depósito con tarjeta de débito prepaga del estado de Nuevo México de Comerica Bank, que se proporcionará cuando reciba mi Tarjeta Prepaga. He recibido, leído y entiendo la Tabla de Tarifas que se proporciona con este folleto de suscripción

Signature (required) _____ **Date (required)** _____
Firma (obligatorio) Fecha (obligatorio)

Send the completed form to any of the following options:

- **Mail:** NM State Disbursement Unit
PO Box 2348
Santa Fe, NM 87504
- **Fax:** NM SDU at 505-476-3920
- **Upload online:** online account at <https://yes.nm.gov>
- **Drop off at local CSSD office:** locations at https://hca.nm.gov/lookingforassistance/field_offices/

Envíe el formulario completo a cualquiera de las siguientes opciones:

- **Correo:** NM State Disbursement Unit
PO Box 2348
Santa Fe, NM 87504
- **Fax:** NM SDU at 505-476-3920
- **Cargar en línea:** cuenta en línea en <https://yes.nm.gov>
- **Dejar en la oficina local de CSSD:** ubicaciones en https://hca.nm.gov/lookingforassistance/field_offices/

NEW MEXICO CHILD SUPPORT SERVICES DIVISION NOTICE OF RIGHT TO CLAIM GOOD CAUSE

Federal and state laws require the establishment and enforcement of the legal obligations of parents to support their dependent children. There are many benefits to establishing parentage and obtaining support on behalf of dependent children. Dependents may be entitled to take advantage of potential benefits such as Social Security and Veteran's benefits that could include eligibility for health care or money through these programs.

Cooperation: Federal and state laws also require you to cooperate in securing support obligations from absent parent(s) as a condition for receiving Temporary Assistance for Needy Families (TANF) and/or Medicaid. "Cooperation" means that you must name the absent parent(s) of any child for whom you are receiving benefits and give information needed to locate and secure support from the parent(s). "Cooperation" also includes keeping appointments with the Child Support Services Division (CSSD), reviewing and signing necessary documents, and appearing at any and all court hearings. You must also report and turn over to the CSSD all support payments for a dependent that are made directly to you from a parent.

Good Cause: Although you are required to cooperate in establishing and enforcing support obligations, you may have a reason to claim "good cause" not to cooperate. If you are able to show that your cooperation is not in the child's best interest, you may not be required to provide information and assist the state in pursuing claims for support for your dependent child(ren).

A claim for "good cause" includes one of the following:

- The child for whom the support is sought was conceived due to a sexual assault to include incest or rape;
- Legal proceedings for the child's adoption are pending in court;
- You are working with a public or licensed private adoption agency that is helping you decide if you want to keep the child(ren) or to place them for adoption;
- There is an increased risk of domestic abuse to you or the child(ren) to include physical harm, sexual harm, or emotional harm.

If you want to claim "good cause," you are advised that you will need to provide some evidence for the State to consider approval. Evidence includes one or more of the following:

- A birth certificate or medical or law enforcement records that indicate that the child was conceived as the result of incest or rape;
- Court documents or other records which indicate that legal proceedings for adoption are pending in court;
- Court documents that there is a permanent restraining order in effect;
- Medical records that indicate emotional health history and present health status of the caretaker or the child for whom support would be sought; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child;
- A written statement from a public or private agency confirming that you are being assisted in resolving the issue of whether or not to place the child(ren) for adoption; or
- A sworn affidavit signed by you stating the circumstances for your claim for good cause.

Your claim for "good cause" will be considered by the State to determine if your cooperation is not in the best interests of the child(ren). You will be informed of the State's decision regarding your claim for "good cause."

Non-Disclosure: If you or the child(ren) are the victim of domestic violence due to the absent parent(s) and you do not meet the criteria for “good cause” above, you may request that the CSSD not release location information for you or the child(ren). The State will still pursue the establishment of parentage and support obligations, but will restrict locate information provided to the Child Support and Paternity Federal Case Registries. If you have registered with the New Mexico Secretary of State’s office for a substitute address, please notify your CSSD caseworker.

Please check one of the following:

- ☐ I understand that I have the right to claim “good cause” if my circumstances meet one of the criteria listed above. I DO NOT want to claim “good cause” or non-disclosure at this time.
- ☐ I understand that I have the right to claim good cause if my circumstances meet one of the criteria listed above. I DO NOT want to claim “good cause” at this time, but I would like to claim non-disclosure.
- ☐ I understand that I have the right to claim “good cause” if my circumstances meet one of the criteria listed above. I WANT to fill out paperwork to claim “good cause” at this time. I understand that I will need to meet with my caseworker, provide evidence of my claim and fill out any needed documents to complete my claim for “good cause.”

Printed Name

Date

Signature