

# Have You Been a Victim of DOMESTIC VIOLENCE?

Could Trying to Collect Child Support Put You or Your Children at Risk?

**YOU CAN CLAIM "GOOD CAUSE" NOT TO FILE FOR SUPPORT.**

**Need help with a welfare problem?  
Contact:**

**Community Legal Services  
North Philadelphia Law Center**

1410 West Erie Avenue  
Philadelphia, PA 19140  
(215) 227-2400

**Philadelphia Legal Assistance**

718 Arch Street, Suite 300N  
Philadelphia, PA 19106-1535  
(215) 981-3800

If you get welfare benefits, the welfare office will expect you to file for child support. This means that they will want you to name the child's father and go to court against him. Usually the court papers give him your address.

You have "good cause" not to file for support if it: (1) might put you or your children at risk of abuse, or (2) might make it harder for you to escape abuse.

If filing for support could put your family at risk of domestic violence, fill out the form on the other side of this paper.

Fill out section 1 on the form. Also fill out section 2, 3, **or** 4.

- If you have proof of the abuse, fill out section 2 or 3.
- If you do not have proof of the abuse, fill out section 4.

Welfare should take your word.

Give the form to your welfare caseworker.

Keep a copy and get a receipt!

Your caseworker should excuse you from filing for support.

Your caseworker should also tell Family Court that you have good cause so Family Court will stop trying to collect support for you.

If welfare gives you a hard time, or you have problems getting your case stopped at Family Court, contact Community Legal Services.

(See back for form.)



COMMUNITY LEGAL SERVICES  
OF PHILADELPHIA

Center City Office: 1424 Chestnut St. | Philadelphia, PA 19102-2505 | Telephone: 215-981-3700 [clsphila.org](http://clsphila.org)  
North Philadelphia Law Center: 1410 West Erie Ave. | Philadelphia, PA 19140-4136 | Telephone: 215-227-2400

# DOMESTIC VIOLENCE VERIFICATION FORM

NAME: _____	CASE NUMBER: _____
<b><u>PLEASE READ THESE INSTRUCTIONS CAREFULLY.</u> - ONLY ONE OF THE COLORED BLOCKS MUST BE COMPLETED. BLOCK 2 OR 3 IS USED WHEN VERIFICATION IS AVAILABLE. BLOCK 4 IS USED WHEN VERIFICATION IS NOT READILY AVAILABLE AND THE CLIENT AFFIRMS THE DOMESTIC VIOLENCE. BLOCKS 1 AND 5 ARE COMPLETED FOR ALL GOOD CAUSE BASED ON DOMESTIC VIOLENCE CLAIMANTS.</b>	

**1. GOOD CAUSE CLAIM**

I, \_\_\_\_\_, request to be excused from the following TANF program or CCIS Child Care program requirement(s) because of domestic violence:  support cooperation;  RESET  time limit (Time-Out);  time limit (Extended TANF); or  other TANF or CCIS program requirement (please specify) \_\_\_\_\_.

I have been asked to provide verification to support my claim. I have cooperated/will cooperate in providing verification below.

**2. RECORDS**

I SUBMIT ONE OF THE FOLLOWING, IF AVAILABLE:

<input type="checkbox"/> LAW ENFORCEMENT RECORDS	<input type="checkbox"/> SOCIAL SERVICE RECORDS
<input type="checkbox"/> COURT RECORDS	<input type="checkbox"/> CHILD PROTECTIVE SERVICES RECORDS
<input type="checkbox"/> MEDICAL/TREATMENT RECORDS	<input type="checkbox"/> OTHER (SPECIFY) _____

**3. AUTHORIZATION/VERIFICATION BY A THIRD PARTY**

I authorize \_\_\_\_\_ to complete the verification below and to provide it to the Department of Public Welfare for the purpose of verifying my good cause.

\_\_\_\_\_ DATE \_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_

THIS STATEMENT IS SUBMITTED BY:

\_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (TITLE)  
 \_\_\_\_\_ (ORGANIZATIONAL AFFILIATION)  
 \_\_\_\_\_ (ADDRESS)

I AM: (CHECK ONE)

<input type="checkbox"/> A DOMESTIC VIOLENCE SERVICE PROVIDER	<input type="checkbox"/> A LEGAL REPRESENTATIVE
<input type="checkbox"/> A MEDICAL, PSYCHOLOGICAL OR SOCIAL SERVICE PROVIDER	<input type="checkbox"/> AN ACQUAINTANCE/FRIEND/RELATIVE/NEIGHBOR OF THE CLAIMANT
<input type="checkbox"/> A LAW ENFORCEMENT PROFESSIONAL	<input type="checkbox"/> OTHER (SPECIFY): _____
<input type="checkbox"/> A COUNTY CHILDREN AND YOUTH REPRESENTATIVE	_____

I have knowledge of the claimant's experience with and/or steps to escape domestic violence and submit this statement to verify that compliance with the TANF/CCIS program requirement(s) checked above may place the claimant and/or household or family members at risk of further domestic violence; make it more difficult for the claimant and/or household or family members to escape domestic violence; or unfairly penalize the claimant and/or household or family members who is or has been victimized by domestic violence.

\_\_\_\_\_ DATE \_\_\_\_\_ THIRD PARTY SIGNATURE \_\_\_\_\_

**4. SELF-AFFIRMATION**

I affirm that compliance with the TANF/CCIS program requirement(s) checked above would place me and/or my household or family members at risk of further domestic violence; make it more difficult for me or a member of my family or household to escape domestic violence; or unfairly penalize me or a member of my family or household who is or has been victimized by domestic violence. I do not have and am unable to safely obtain evidence to verify the domestic violence.

\_\_\_\_\_ DATE \_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_

**5. GOOD CAUSE DECISION (CAO USE ONLY)**

EXCUSED       NOT EXCUSED

\_\_\_\_\_ WORKER      \_\_\_\_\_ DATE