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| MICHIGAN IV-D CHILD SUPPORT PROGRAM  EXPLANATION OF NONCOOPERATION DETERMINATION | | | | | | | | | | | | | | | | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | | | | | | | | | | | | | | | | |
| **SEND TO:** | | | MDHHS Hearings Coordinator: | | | | |  | | | | | | | | | | | | | |  | |
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|  | | | Date: | |  | | | | | | | | |  | | Fax: |  | | | | |  | |
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| 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: | | | | | | | | | | | | | | | | | | | | | |
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|  | IV-D Worker | | | | | | | | | |  | Phone | | | | | | | |  | Fax | |  |
| IV-D Office: | | | | PA | | FOC | | | OCS | |  |  | | | | | | | | | | |  |
|  | | | | | | | | | | |  | Email | | | | | | | | | | |  |
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