Appointment Letter for Division of Child Support (DCS) Good Cause Determination

Date:

To:

Subject:

This is to certify that the recipient of this letter, [Recipient's Name], is eligible for child support relief due to the following good cause reasons:

1. The recipient has been unemployed for a period of at least 6 months, or has an income of less than [Threshold Amount].

2. The recipient is receiving Temporary Assistance for Needy Families (TANF) and has a low income.

3. The recipient is receiving food stamps and has a low income.

4. The recipient is receiving disability benefits and has a low income.

5. Other factors as deemed necessary by the Division of Child Support (DCS).

The recipient's claim for good cause relief has been reviewed and approved by the Division of Child Support (DCS). The recipient is entitled to [Specific Relief], as per the DCS guidelines.

The recipient must submit all necessary documentation within 30 days of receipt of this letter.

If you have any questions or concerns, please contact the Division of Child Support (DCS) at [Contact Information].

Sincerely,

[Signature]

[Name]

[Title]

Division of Child Support (DCS)