



Massachusetts Department of Revenue
Child Support Enforcement Division

NOTICE OF NONCOOPERATION

DTA/DMA Office Director at: _____	Date: <<Date>>
Recipient Name: <<CP Name>>	SSN: <<CP SSN>>
Noncustodial Parent's Name: <<NCP Name>>	SSN: <<NCP SSN>>
Dependent Name: <<DEP Name>>	SSN: <<DEP SSN>>

The recipient identified above failed to cooperate with the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR). Below please find the reason for DOR's determination of noncooperation, the steps the recipient must take to cooperate with DOR and the person to contact:

- The recipient failed to provide all documentation or information that the recipient has or can reasonably obtain that DOR needs to proceed with child support enforcement efforts. To comply with the cooperation rules, the recipient must provide the documentation requested.
- The recipient failed to appear in court on _____ after DOR provided prior notice of the date, time, and place of the scheduled court proceedings, thereby preventing DOR from obtaining:
 - An order for genetic marker/paternity testing
 - A final judgment
 - An adjudication of paternity
 To comply with the cooperation rules, the recipient must contact DOR to reschedule an appointment and appear for the next scheduled appointment.
- The recipient failed to appear for appointments on _____ and _____ after DOR provided prior notice of the date, time, and place of the appointments. To comply with the cooperation rules, the recipient must contact DOR to reschedule an appointment and appear for the next scheduled appointment.
- The recipient failed to appear for scheduled paternity testing appointments on _____ and _____ after DOR provided prior notice of the date, time, and place of the appointments. To comply with the cooperation rules, the recipient must contact DOR to reschedule an appointment and appear for the next scheduled appointment.
- The recipient failed to authorize DOR to obtain information needed to process the case after DOR requested the recipient provide authorization. To comply with the cooperation rules, the recipient must provide the authorization requested.

Comments: _____

DOR Staff Name: <<Your Name>>

DOR Staff Signature: _____

Date: _____

Regional Counsel Signature: _____

Date: _____

Office Address: <<Address>>

Telephone Number: <<Telephone #>>

CC: <<Custodial Parent Name and Address>>
Enc. DOR Notice to Custodial Parent (Coop 4)