



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION
Request for Preliminary Administrative Hearing

I. ALLEGED OFFENDER

CHRIS CASE # _____ CHRIS ID # _____

Name _____

Are criminal charges being pursued against the alleged offender?

[] NO

[] YES, explain: _____

Will child(ren) under the care of the alleged offender be at risk?

[] NO

[] YES, explain: _____

Document efforts to provide Notice of Investigative Determination to alleged offender.

[Empty box for documenting efforts to provide notice]

II. INVESTIGATOR

Date Investigation Completed: _____ (mm/dd/yy)

Name of Investigator _____ Signature of Investigator _____ Date (mm/dd/yy) _____

III. SUPERVISOR

The request for a preliminary administrative hearing is:

[] APPROVED

[] NOT APPROVED

Name of CACD Area Manager _____ Signature of CACD Area Manager _____ Date (mm/dd/yy) _____

Received by Office of Appeals and Hearings on: _____ by _____ Date (mm/dd/yy) _____ Name _____