



**ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION**

**Witness Statement of Notice of Investigative Determination**  
(To be used only if the Offender refuses to sign CFS-232-T)

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Print Name of Person to whom Notice was Provided: \_\_\_\_\_

Location where Notice was Provided: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

On the above date and time, I observed the above named person being provided notice of an investigative determination at the above location.

Print Name of CACD Investigator Providing Notice: \_\_\_\_\_

The above named person was provided a copy of the CFS-232-T: Notice to Offender of True Child Maltreatment Investigative Determination

Print Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

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To be completed by the Investigator:

CHRIS Referral #: \_\_\_\_\_

County: \_\_\_\_\_

Child(ren) Involved: \_\_\_\_\_

\_\_\_\_\_