



**ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION**

**Child Maltreatment Expedited Hearing Notice to Alleged Offender**

**To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**County of Referral:** \_\_\_\_\_ **Primary Assigned County:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **CHRIS Referral #** \_\_\_\_\_

**Certified Mail #** \_\_\_\_\_

**Re: Name of Alleged Offender:** \_\_\_\_\_

**Name of Alleged Victim(s):** \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) \_\_\_\_\_ .

The type of maltreatment was \_\_\_\_\_.

You have been previously notified that based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and your name should be placed in the Child Maltreatment Central Registry. You have since requested an administrative hearing to appeal the true finding.

The Division of Children & Family Services has determined that you are engaged in child-related activities or employment or are employed or are a volunteer with persons with disabilities, persons with mental illness, or elderly persons and those persons are at risk of harm because of your employment or volunteer activities.

Therefore, pursuant to Arkansas Code Ann. §12-18-703, this is your notice that DCFS has requested an expedited hearing. You have five days from receipt of this notice to object in writing via mail, fax, or e-mail to the request to expedite the administrative hearing.

You have the right to an attorney; if you cannot afford one you should contact Legal Services.

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
CACD INVESTIGATOR SIGNATURE