



**ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION**

**Notice of Unsubstantiated Child Maltreatment Investigative Determination  
to Alleged Victim**

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

**Name of Alleged Victim:** \_\_\_\_\_

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The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you. The incident was reported on (date)

\_\_\_\_\_ at or about (time) \_\_\_\_\_ : \_\_\_\_\_ .

Pursuant to Arkansas Code Ann. §12-18-709, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

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

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CACD INVESTIGATOR PRINTED NAME

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CACD INVESTIGATOR SIGNATURE