



**ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION**

**Notice of Overturned True Child Maltreatment Investigative Determination**  
To  Legal Parent(s)  Legal Guardian(s) of the Alleged Offender

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

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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 the above named person. The incident was reported on (date) \_\_\_\_\_ at or about (time) \_\_\_\_\_.

This is your notice that the original true finding has been overturned on appeal by an administrative law judge, 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

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