



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of Name Placement on Central Registry to Parent(s) and
Legal Guardian(s) of the Juvenile Offender (14 to 17 Years of Age)

To:
Address:
From:
Phone:
County Office:
Date: CHRIS Referral #
Re: Name of Victim(s):
Name of Offender:

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

The type of maltreatment was

As required by Arkansas Code Annotated §12-18-813, this is your notice that the investigation in the above
matter, which was determined to be true:

- Has been upheld on administrative appeal.
Was waived by you or your child during the thirty day appeal request period.

Therefore, your child's name, as the offender, is now present in the Arkansas Child Maltreatment Central
Registry.

TO OBTAIN A COPY OF THE INVESTIGATIVE REPORT, send a \$10.00 check or money order (no cash)
along with a written, notarized request to the Arkansas Department of Human Services, Division of Children &
Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must
contain the offender's name, address and the names of the child(ren) involved.

The information provided is confidential and further disclosure is subject to Arkansas code.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE