



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION
Notice of Name Placement on Central Registry to Offender

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

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 the above named people. The incident was reported on (date) _____.

The type of maltreatment was _____.

As required by Arkansas Code Annotated §12-18-812 or 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 or was not appealed by you, the alleged offender, during the thirty day appeal request period.
- Has been brought before an administrative law judge in a preliminary hearing at which a prima facie case was established.

Therefore, your name is:

- Now present in the Arkansas Child Maltreatment Central Registry. You may not appeal this decision.
- Now present in the Arkansas Child Maltreatment Central Registry on a provisional basis. If you disagree with the investigative determination, you must request an administrative hearing within thirty days of receipt of notice of the investigative determination; otherwise your name will be placed in the 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