



**ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION
CHILD MALTREATMENT INVESTIGATIVE DETERMINATION NOTICE
(OFFENDER)**

CHRIS Referral # _____ **County:** _____

To: (Offender's Name) _____
(Address) _____

From: (Name/) _____
(Address) _____

Date: _____ **Certified Mail #:** _____

Child(ren) Involved: _____

On _____, the Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named child(ren). The incident was reported to have occurred on the following date(s): _____

A. This letter is to inform you of the investigative determination: (check one)

- A preponderance of evidence indicates that this allegation should be determined not true (unsubstantiated).
- A preponderance of the evidence indicates that this allegation should be determined true and that your name should be put in the Child Maltreatment Central Registry as an offender on a true report.
- A preponderance of the evidence indicates that this allegation should be determined true. However, the finding will be "True, but Exempt", and the offender's name will **not** be placed on the Arkansas Child Maltreatment Central Registry.

B. NOTIFICATION REQUIREMENTS:

1. As required by the Arkansas Child Maltreatment Act, codified at Ark. Code Ann. § 12-12-501 et seq., A person listed in the Child Maltreatment Central Registry as an offender in a true report is identified to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed in the Central Registry.
2. A person listed as an "offender in a true investigative report" has the right to receive notice and request an administrative hearing **before** his or her name is placed in the Central Registry.

C. AS THE OFFENDER:

1. If you disagree with the investigative determination of true, which will result in your name being placed in the Child Maltreatment Central Registry, **you must request** an administrative hearing **within 30 days** of receipt of notice of this investigative determination. Otherwise your name will be placed in the Child Maltreatment Central Registry **and** will be subject to disclosure to certain classes of public and private persons as outlined in the Child Maltreatment Act. **To request an administrative hearing**, mail a copy of this form along with your request to: **Appeals & Hearing Officer, SLOT N401, P.O. Box 1437, Little Rock, AR 72203**. The administrative hearing will be conducted telephonically, unless you ask in your request that the hearing be held in person.
2. If you were a juvenile, age 10 to 17 years old **at the time** of the act or omission that resulted in the true finding of child maltreatment, an administrative hearing is automatically scheduled for you. You will **not** need to request an administrative hearing yourself. The juvenile offender or his parent can decline the automatic administrative hearing by submitting a written, signed waiver.

D. TO OBTAIN A COPY OF THE INVESTIGATIVE REPORT (authorized people only), 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 your name, address, and the names of the child(ren) involved.

Date Signature of Investigator

A completed copy of this determination notice was hand-delivered to me on this date: _____

Alleged offender Witness