

**INSTRUCTIONS**  
**CFS-223-T3**  
**(Child Maltreatment True Investigative Determination Notice to**  
**Alleged Juvenile Offender 14-17 Years of Age)**

**Purpose:**

To provide the alleged juvenile offender ages 14-17 years of age notice of a true child maltreatment investigative determination.

**Completion:**

**To:** Type or write the name of the current foster parent(s) of the alleged victim.

**Address:** Enter the full address of the current foster parent(s) of the alleged victim.

**From:** Enter the name, title, full address, phone number, and county of the DCFS staff sending the notice.

**County of Referral:** Enter the county that the case was referred to.

**Primary Assigned County:** Enter the county of primary assignment.

**Date:** Enter the date the notice is sent.

**CHRIS Referral #:** Insert the CHRIS referral number.

**Name of Alleged Victim:** Enter the name of the alleged victim(s).

**Date of Allegation:** Enter the date and time the report was originally made.

**Allegation:** Insert a brief description of the suspected child maltreatment.

**Signature:** Print and sign the name of the investigator who is sending the form.

**Mailed by:** Write in the name of the DCFS Central Office Notification Unit staff who is mailing the form.

**Routing:**

1. Send a copy to the alleged juvenile offender 14-17 years of age within **ten business days** of true determination.
2. Retain a file copy.