

INSTRUCTIONS

CFS- 224-T1 Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 14 years old)

Purpose:

To notify an alleged underaged juvenile offender's legal parents or legal guardians of a true child maltreatment determination.

Completion:

Title Check Boxes: Select either legal parents or legal guardians as appropriate.

To: Enter the name of the alleged underaged juvenile offender's parents or guardians.

Address: Enter the full address of the alleged underaged juvenile offender's parents or guardians.

From: Enter the name, full address, and county of the DCFS staff sending the notice in the appropriate fields.

Phone: Enter the phone number 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 Underaged Juvenile Offender: Enter the name of the alleged offender.

Name of Victim: Enter the name of the victim.

Date of Report: Enter report date.

Date of Allegation: Enter the date the allegation was originally made.

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

Supportive and/or Protective Services Options: Select boxes as appropriate for the particular case.

Signature: Print and sign the name of the staff member 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 underaged juvenile offender's parents or guardians within **ten business days** of determination.
2. Retain a file copy.