



Arkansas Department of Human Services

Division of Children and Family Services

Notice of Child Maltreatment Allegation to

Law Enforcement Prosecuting Attorney

To: _____

Address: _____

From: _____

County Office: _____

Date: _____

CHRIS Referral # _____

RE: Name of Alleged Victim(s): _____

Name of Alleged Offender: _____

Address of Alleged Offender: _____

As required by Arkansas Code Annotated §12-18- 504, we are notifying you that a report of suspected severe child maltreatment was made to the child abuse hotline. Arkansas Code Annotated §12-18-501 specifies that information in the child maltreatment report is confidential.

No determination has been made as to the accuracy or inaccuracy of the hotline report. An investigation will be conducted on this hotline report. Once the investigation is complete, an investigative determination will be made. If the investigative determination is true, the alleged offender has the right to an administrative hearing. Instructions regarding how to request an administrative hearing will be provided.

This information is confidential and you are prohibited from re-disclosure. You can consult your own attorney regarding the information in this notice.

Date of Allegation: _____

Allegation:

FAMILY SERVICE WORKER PRINTED NAME

FAMILY SERVICE WORKER SIGNATURE