



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Child Maltreatment Allegation to [ ] Legal Parents [ ] Legal Guardians
[ ] Current Foster Parents of Alleged Victim in Foster Care

To: \_\_\_\_\_
Address: \_\_\_\_\_

From: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

RE: Name of Alleged Victim(s): \_\_\_\_\_

As required by Arkansas Code Annotated §12-18-503, we are notifying you that

- [ ] your child who is currently in DHS custody
[ ] the child over whom you have guardianship who is currently in DHS custody
[ ] your foster child

has been identified as an alleged victim in a report of suspected child maltreatment 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