



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Child Maltreatment Allegation to [ ] Attorney Ad Litem [ ] CASA
[ ] Counsel in Dependency Neglect or FINS Case of Alleged Victim

Name: \_\_\_\_\_

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

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

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

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

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

Name of Alleged Offender: \_\_\_\_\_

As required by Arkansas Code Annotated § 12-18-503, we are notifying you that a child whom you represent, or for whom you are a CASA 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