



Arkansas Department of Human Services
Division of Children and Family Services

- Notice of Child Maltreatment Allegation to
[ ] AAL of Child in Foster Home or [ ] CASA of Child in Foster Home
[ ] Where Maltreatment Is Reported or
[ ] When an Alleged Juvenile Offender or Underaged Juvenile Offender is Placed

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

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

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

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

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

RE: Name(s) of Child(ren ) Represented by AAL or CASA

\_\_\_\_\_, \_\_\_\_\_,
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

As required by Arkansas Code Annotated §12-18-503, we are notifying you that a child in foster care whom you represent, for whom you are a CASA, or AAL has been identified as residing in a foster home when child maltreatment is alleged to have occurred or where an alleged offender or underaged juvenile offender has been placed. 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:
[Empty box for allegation details]

\_\_\_\_\_  
FAMILY SERVICE WORKER PRINTED NAME

\_\_\_\_\_  
FAMILY SERVICE WORKER SIGNATURE