

INSTRUCTIONS

CFS-223-T4

(Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender if currently 18 or older)

Purpose:

To provide the alleged juvenile offender who is 18 years and older notice of a true child maltreatment investigative determination.

Completion:

To: Type or write the name of the current foster parent(s) of the alleged victim.

Address: Enter the full address of the current foster parent(s) of the alleged victim.

From: Enter the name, title, full address, phone number, and county 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 Alleged Victim: Enter the name of the alleged victim(s).

Date of Allegation: Enter the date and time the report was originally made.

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

Signature: Print and sign the name of the investigator 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 juvenile offender 18 years of age and older within **ten business days** of true determination.
2. Retain a file copy.