

# INSTRUCTIONS

## CFS-224-T 4 (Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care)

### **Purpose:**

This notice to alleged juvenile offender of a true determination is used to provide notification to the current foster parents of the alleged offender who was a juvenile age 14-17 at the time the offense allegedly occurred. This notification will be provided within ten business days from the investigative determination of true.

### **Completion:**

**To:** Type or write the name of the alleged juvenile offender.

**Address:** Enter the full address of the alleged juvenile offender.

**From:** Enter the name, full address, and county of the DCFS staff sending the notice.

**County of Referral:** Enter the county where the alleged offense took place.

**Primary Assigned County:** Enter the county assigned as primary.

**Date:** Enter the date the notice is sent.

**CHRIS Referral #:** Insert the CHRIS referral number.

**Name of Alleged Offender:** Enter the name of the alleged offender.

**Name of Alleged Victim:** Enter the name of the alleged victim

**Date of Allegation:** Enter the date the allegation was originally made. Allegation: Insert a brief description of the suspected child maltreatment.

**Signature:** Print and sign the name of the staff member 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 within **ten business days** of the investigative determination of true.
2. Retain a file copy.