

# INSTRUCTIONS

## **CFS-225-T 1 (Child Maltreatment True Investigative Determination Notice to Victim, Legal Parent(s) and Legal Guardian(s) of the Alleged Victim)**

### **Purpose:**

This notice of a true determination is used to provide notification regarding the alleged victim and alleged offender within ten business days from the investigative determination of true to the alleged victim (if fourteen years of age or older), legal parent(s), and legal guardian(s) of the victim.

### **Completion:**

**To:** Type or write the name of victim, legal parent(s), or legal guardian(s) of the victim.

**Address:** Enter the full address of the victim, legal parent(s), or legal guardian(s) of the victim.

**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 Child(ren):** Enter the name of alleged victim involved in the allegation of maltreatment.

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

**Date of Allegation:** Enter the date the allegation was originally made.

**Check Appropriate Box:** Whether the maltreatment is entered in the Central Registry or Exempt.

**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 victim, legal parent(s), or legal guardian(s), of the victim within **ten business days** of the investigative determination of true.
2. Retain a file copy.