

INSTRUCTIONS

CFS-228-T (Child Maltreatment True Investigative Determination Notice to Attorney Ad Litem of Alleged Offender and CASA of Alleged Offender)

Purpose:

This notice of a true determination is used to provide notification regarding the name of the alleged offender to the attorney ad litem and CASA for the alleged offender.

Completion:

To: Type or write the name and title of the AAL and CASA

Address: Enter the full address of the AAL and CASA.

From: Enter the name, full address, phone number, 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(s): Enter the name(s) of the alleged victim(s).

Date of Allegation: Enter the date and time the allegation was originally made.

Check Boxes: Indicate 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 the AAL and CASA for the alleged offender upon request or if the department determines notification is necessary to ensure the health or safety of the child.
2. Retain a file copy.