



**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILDREN AND FAMILY SERVICES**

**Request for Preliminary Administrative Hearing**

**I. ALLEGED OFFENDER**

CHRIS CASE # \_\_\_\_\_

CHRIS ID # \_\_\_\_\_

Name \_\_\_\_\_

Are criminal charges being pursued against the alleged offender?

NO

YES, explain: \_\_\_\_\_

Will child(ren) under the care of the alleged offender be at risk?

NO

YES, explain: \_\_\_\_\_

Document efforts to provide Notice of Investigative Determination to alleged offender.

**II. INVESTIGATOR**

Date Investigation Completed: \_\_\_\_\_  
(mm/dd/yy)

\_\_\_\_\_  
Name of Investigator

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date (mm/dd/yy)

**III. SUPERVISOR**

The request for a preliminary administrative hearing is:

APPROVED

NOT APPROVED

\_\_\_\_\_  
Name  
Area Director

\_\_\_\_\_  
Signature  
Area Director

\_\_\_\_\_  
Date (mm/dd/yy)

Received by Office of Appeals and Hearings on: \_\_\_\_\_ by \_\_\_\_\_  
Date (mm/dd/yy) Name