



**Arkansas Department of Human Services
Division of Children & Family Services**

Witness Statement of Notice of Investigative Determination

To be used only if the Offender refuses to sign CFS-232-T: Notice to Offender of True Child Maltreatment Investigative Determination

Print Name of Person to whom Notice was Provided: _____

Location where Notice was Provided: _____

Date: _____

Time: _____

On the above date and time, I observed the above named person being provided notice of an investigative determination at the above location.

Print Name of DCFS Employee Providing Notice: _____

The above named person was provided a copy of the CFS-232-T: Notice to Offender of True Child Maltreatment Investigative Determination

Print witness name : _____

Witness signature: _____

Contact Information: _____

To be completed by the Investigator:

CHRIS Referral #: _____

County: _____

Child(ren) Involved: _____