



Arkansas Department of Human Services

Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Alleged Adult Offender

To: _____

Address: _____

From: _____

Title: _____

Address: _____

Phone: _____

County Office (Primary Assignment): _____ County of Referral: _____

Date: _____ Certified Mail # _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

Name of Alleged Victim(s): _____

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) _____.

Pursuant to Arkansas Code Ann. §12-18-703, this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and your name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was _____.

If you disagree with the investigative determination, you may request an administrative hearing within 30 days of receipt of this notice, otherwise your name will be placed in the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed in the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.

To request an administrative hearing, you must mail a copy of this form along with your request to the : Office of Appeals & Hearing , SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing.

You have the right to an attorney; if you cannot afford one you should contact Legal Services.

Your name will not be placed on the Child Maltreatment Central Registry until the later of: (a) the expiration of 30 days without a hearing request; or (b) the day the administrative law judge upholds the true investigative determination.

If you want to obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

If delivery is via a face-to-face meeting, the person named as the offender in a true report must sign and date this form.

Printed Name of Alleged Offender

Signature of Alleged Offender

Date

DCFS Investigator Printed Name

Mailed By

Date