



# Arkansas Department of Human Services

## Division of Children and Family Services

### True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

County of Referral: \_\_\_\_\_ Primary Assigned County: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Certified Mail # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Name of Alleged Victim(s): \_\_\_\_\_

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

The type of maltreatment was \_\_\_\_\_.

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 but exempt, and your name should not be placed in the Child Maltreatment Central Registry because the report was true for Garrett's Law (Investigation documented the presence of an illegal substance in either the bodily fluids or bodily substances in either the mother or the child at the time of birth).
- True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because you were practicing your religious beliefs as permitted by the law.

If you disagree with the investigative determination, you may request an administrative hearing within 30 days of receipt of this notice. 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.

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 Arkansas Department of Human Services, 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.

\_\_\_\_\_  
DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
MAILED BY