



Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to
[] Licensing/Registering Authority [] Employer [] Volunteer Coordinator

To: _____

Address: _____

From: _____

Phone: _____

County of Referral: _____ Primary Assigned County: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender: _____

This notice is being provided to you because you were previously provided notice regarding this hotline report.

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

Pursuant to Arkansas Code Ann. §12-18-707, this is your notice or confirmation that:

- [] Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
[] Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved: _____.

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's 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.

DCFS INVESTIGATOR PRINTED NAME

MAILED BY