



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

**Notice of Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (14-17 years of age)**

To: _____

Address: _____

From: _____

Phone: _____

County of Referral: _____ **Primary Assigned County:** _____

Date: _____ **CHRIS Referral #** _____

Re: Name of Alleged Victim(s): _____

Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) _____.

The type of alleged maltreatment was _____.

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

DCFS INVESTIGATOR PRINTED NAME

MAILED BY