



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Unsubstantiated Child Maltreatment Investigative Determination
to Licensing or Registering Authority

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

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

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

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

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

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

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

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

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that there is no preponderance of
evidence, the allegation has been determined unsubstantiated, and the offender's name will not be placed in the
Child Maltreatment Central Registry.

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

DCFS INVESTIGATOR'S PRINTED NAME

MAILED BY