



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Unsubstantiated Child Maltreatment Investigative Determination to

Legal Parents Legal Guardians Current Foster Parents of the Alleged Victim

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

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

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

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

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

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

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

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving your child or the child over whom you have custody as a victim. The incident was reported on (date) \_\_\_\_\_.

Pursuant to Arkansas Code Ann. §12-18-709, this is your notice that because the allegations were not supported by a preponderance of the 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.

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

DCFS INVESTIGATOR PRINTED NAME

MAILED BY