



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

**Notice of Unsubstantiated Child Maltreatment Investigative
Determination to Alleged Victim**

To: _____

Address: _____

From: _____

Phone: _____

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

Date: _____ **CHRIS Referral #** _____

RE: Name of Alleged Offender: _____

Name of Alleged Victim: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you. The incident was reported on (date) _____ at or about (time) _____.

Pursuant to Arkansas Code Ann. §12-18-709, 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.

The type of alleged maltreatment was _____.

DCFS INVESTIGATOR PRINTED NAME

MAILED BY