



# Arkansas Department of Human Services

## Division of Children and Family Services

Notice of Unsubstantiated Child Maltreatment Investigative Determination to

Attorney Ad Litem  CASA for Alleged Offender

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 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. §12-18-708, this is your notice or confirmation that that because the allegation was not supported by a preponderance of evidence, the allegation has been found to be unsubstantiated, and the 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