



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Unsubstantiated Child Maltreatment Investigative Determination to Alleged Offender

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 involving you. The incident was reported on (date)

_____.

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 unsubstantiated, and your name will not be placed in the Child Maltreatment Central Registry.

The type of alleged maltreatment was _____.

DCFS INVESTIGATOR PRINTED NAME

MAILED BY