



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Overturned True Child Maltreatment Investigative Determination to
[] Law Enforcement [] Prosecuting Attorney

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 severe child maltreatment involving the above named people. The incident
was reported on (date) _____.

This is your notice that the original true finding has been overturned on appeal by an administrative law judge,
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