



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Overturned True Child Maltreatment Investigative Determination to Facility Director

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) \_\_\_\_\_ at or about (time) \_\_\_\_\_.

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