

INSTRUCTIONS

CFS-265-O-1 (Notice of Overturned True Child Maltreatment Investigative Determination to Victim and Legal Parent(s) and Legal Guardians of the Victim)

Purpose:

This notice, of an overturned determination that was originally found true by the investigator, is used to provide notification that the investigative determination, which was appealed by the alleged offender, has been overturned by an Administrative Law Judge. Notice should be sent within ten working days after Central Registry receives the order of Overturned.

Completion:

To: Type or write the name of the victim, legal parent(s), or legal guardian(s) of the victim.

Address: Enter the full address of the victim, legal parent(s), or legal guardian(s) of the victim.

From: Enter the name, title, full address, phone number, and county of the DCFS staff sending the notice.

County of Referral: Enter the county where the alleged offense took place.

Primary Assigned County: Enter the county assigned as primary.

Date: Enter the date the notice is sent.

CHRIS Referral #: Insert the CHRIS referral number.

Name of Alleged Victim: Enter the name of the alleged victim(s).

Date of Allegation: Enter the date and time the report was originally made.

Allegation: Insert a brief description of the suspected child maltreatment.

Signature: Print and sign the name of the investigator who is sending the form.

Mailed by: Write in the name of the DCFS Central Office Notification Unit staff who is mailing the form.

Routing:

1. Send a copy to the victim, legal parent(s), or legal guardian(s) of the victim within **ten** working days after Central Registry receives the order of Overturned.
2. Retain a file copy.