Arkansas Department of Human Services

Division of Children and Family Services

Notice of Overturned True Child Maltreatment Investigative Determination to Current Foster Parents of the Alleged Victim

To: _____

Address: _____

_____

From: _____

_____

_____

Phone: _____

County of Referral: _____ **Primary Assigned County:** _____

Date: _____ **CHRIS Referral #** _____

Re: Name of Alleged Victim: _____

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) _____.

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