



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Overturned True Child Maltreatment Investigative Determination to

- DHS Division Director
Responsible Multidisciplinary Team for Alleged Victim and Offender
Circuit Judge and Counsel in Dependency Neglect or FINS Case of 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 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