



**Arkansas Department of Human Services
Division of Children and Family Services**

**Notice of Overturned True Child Maltreatment Investigative Determination to
Child Safety Center Involved in Investigation of Maltreatment**

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