



# Arkansas Department of Human Services

## Division of Children and Family Services

### Notice of Name Placement on Central Registry to

- Circuit Judge  Attorney Ad Litem  CASA
- Counsel in Dependency Neglect or FINS Case of Victim

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Victim(s): \_\_\_\_\_

Re: Name of Offender: \_\_\_\_\_

The Division of Children and Family Services (DCFS) or Arkansas State Police Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) \_\_\_\_\_.

The type of maltreatment was \_\_\_\_\_.

As required by Arkansas Code Annotated §12-18-813, this is your notice that the investigation in the above matter, which was determined to be true:

- Has been upheld on administrative appeal;
- Was waived or has not been appealed by the alleged offender during the thirty day appeal request period;
- Has been upheld in a preliminary administrative hearing;

Therefore, the offender's name is:

- Now present in the Arkansas Child Maltreatment Central Registry.
- Now present in the Arkansas Child Maltreatment Central Registry on a provisional basis. (The alleged offender may appeal the True finding at some future date.)

**TO OBTAIN A COPY OF THE INVESTIGATIVE REPORT**, send a \$10.00 check or money order (no cash) along with a written, **notarized** request to the Arkansas Department of Human Services, Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request **must** contain the offender's name, address and the names of the child(ren) involved.

The information provided is confidential and further disclosure is subject to Arkansas code.

\_\_\_\_\_  
DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
MAILED BY