



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Name Placement on Central Registry to

Attorney Ad Litem CASA of Child in Foster Home Where Maltreatment Is Reported

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

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

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

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

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

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

Re: Name of Child in Foster Home Where Maltreatment Occurred: \_\_\_\_\_

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

Name of 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 person. 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 30 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