



**Arkansas Department of Human Services**  
**Division of Children and Family Services**  
**Notice of Name Placement on Central Registry to Offender**

**To:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**From:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **CHRIS Referral #** \_\_\_\_\_  
**Re: Name of Victim(s):** \_\_\_\_\_  
**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 individual(s). The incident was reported on (date) \_\_\_\_\_.

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

As required by Arkansas Code Annotated §12-18-812 or 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 was not appealed by you, the alleged offender, during the thirty day appeal request period.
- Has been brought before an administrative law judge in a preliminary hearing at which a prima facie case was established.

Therefore, your name is:

- Now present in the Arkansas Child Maltreatment Central Registry. You may not appeal this decision.
- Now present in the Arkansas Child Maltreatment Central Registry on a provisional basis. If you disagree with the investigative determination, you must request an administrative hearing within 30 days of receipt of notice of the investigative determination; otherwise your name will be placed in the Child Maltreatment Central Registry.
- Now present in the Arkansas Child Maltreatment Central Registry on a provisional basis. After three years of attempting to contact you, this is your final notification. DCFS will no longer attempt to contact you.

**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