Arkansas Department of Human Services

Division of Children and Family Services

Notice of Name Placement on Central Registry to Child Safety Center Involved in Investigation of Maltreatment

To: _____

Address: _____

_____

From: _____

_____

_____

Phone: _____

County Office: _____

Date: _____ **CHRIS Referral #** _____

Re: 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 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 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.)

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

_____

DCFS INVESTIGATOR PRINTED NAME

_____

MAILED BY