



**Arkansas Department of Human Services
Division of Children and Family Services
Referral for Investigation**

To: _____, Law Enforcement Agency

From: _____, Crimes Against Children Division (CACD)

_____ County Office Division of Children and
Family Services (DCFS)

Date: _____ **CHRIS Referral #** _____

RE: Referral for Investigation of Suspected Child Maltreatment by a Non-Caretaker

During our assessment of alleged Child Maltreatment, it has been determined that the alleged offender is not the child(ren)'s caretaker. Under Arkansas Code Annotated §12-18-619, we are forwarding a copy of our findings for use by your agency in any criminal investigation regarding the allegations.

Please forward the results of your investigation within thirty days so that we may complete Central Registry reporting procedures.

Family Service Worker or CACD Worker

DCFS County Supervisor or CACD Supervisor