



Arkansas Department of Human Services

Division of Children and Family Services

Request for Name Removal from the Central Registry by Juvenile Offender

I. REQUESTER'S PERSONAL DATA:

Last Name	First Name (Include any Alias)	Middle Name
Address	Telephone	Home: ()
		Work: ()
	Date of Birth	Gender
	Soc. Sec. Number	Race

II. CHILD MALTREATMENT REPORT INFORMATION:

1. Have you reached the age of eighteen OR has more than one year passed since your name was placed on the Central Registry and you have not had a subsequent true report of this type for one year? Yes No

NOTE: If you answered "yes" to the above question, then you meet the criteria to have your case reviewed. The review will determine whether there is a preponderance of the evidence that the juvenile offender has been rehabilitated based on the documentation the requestor submits. Please see Section IV of this form for a list of information that must be submitted.

Ark. Code Ann. 12-18-908 requires The Department of Human Services to establish procedures to determine whether or not to remove an Offender's name from the Central Registry if the juvenile has reached the age of eighteen or more than one year has passed from the date of the act or omission that caused the true finding of child maltreatment and there have been no subsequent acts or omissions resulting in a true finding of child maltreatment.

A committee with expertise in the area of child maltreatment will review your case upon receipt of this request to determine if your name can be removed from the Central Registry. The law requires that you meet the criteria listed on this form for your case to be reviewed. The Review Committee meets on a monthly basis. Your request must be received 45 days prior to the monthly meeting in which it will be reviewed. You will be notified in writing of the committee's decision.

III. VICTIM AND CENTRAL REGISTRY DATA:

Victim's Name _____ Victim's Date of Birth _____

What is the CRID number listed on your Central Registry Report?
 CRID Number _____

IV. OTHER REQUIRED DOCUMENTATION

If you meet the criteria to have your case reviewed please submit:

- 1) Arkansas Child Maltreatment Central Registry results free from a true finding of the same maltreatment type for the preceding year;
- 2) Child Maltreatment Registry results from the offender's current state of residence and/or any state in which the offender has resided in the preceding year free from a true finding of the same maltreatment type for the preceding year;
- 3) Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;
- 4) State background check results from the offender's current state of residence and any state in which the offender has resided in the preceding year free from child maltreatment-related offense for the preceding one year;
- 5) Evidence of the offender's rehabilitation, which may include, but is not limited to:
 - a) A personal letter from the offender describing his rehabilitation;
 - b) Documents proving participation in treatment, remediation, or rehabilitation programs;
 - c) One to three letter of reference from professionals (not to include DCFS employees), employers, spiritual counselors, friends, or family describing the offender's rehabilitation.

Submit your documents to:

**The Division of Children and Family Services
Central Registry
P.O. Box 1437, Slot S566
Little Rock, AR 72203**
