



**Arkansas Department of Human Services
Division of Children and Family Services
Foster Child Maltreatment Disclosure Case Briefing Summary**

Child's Name:

Referral #:

DOB:

County:

Date of Incident:

Race of Child:

Gender of Child:

Placement of child at time of incident:

Allegations or preliminary cause of incident:

Relationship of alleged offender to child:

Action by DCFS at time of incident:

Agency Conducting the Investigation:

DCFS Staff Person Name Completing this Form: