



**Arkansas Department of Human Services
 Division of Children And Family Services
 Expiration of Protective Custody/Parental Notification**

TO: _____, Parent/Guardian

FROM: _____ County Office, Division Of Children and Family Services

_____ Phone: _____

DATE: _____

RE: Protective Custody of Your Child(ren)

Name: _____ DOB: _____

This is to advise you that the protective custody that was taken on your child(ren) on _____ at _____ has now expired. Your child(ren) has(have) been returned to you because

The emergency necessitating Protective Custody has passed.

The judge did not grant the Department’s petition for custody.

Full parental rights and responsibilities have been restored to you and the Department has no further responsibility for the custody and care of your child(ren).

 DCFS County Supervisor or Designee

 Family Service Worker

This information is available in different formats such as: large print audio tape, etc. If you need another format, contact the Division’s ADA Coordinator at (501) 682-6750 or TDD (501) 682 1442.