



**Arkansas Department of Human Services  
Division of Children and Family Services  
Notification of Court Appearance**

Date \_\_\_\_\_

To: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_ has been scheduled to appear in court on

\_\_\_\_\_, at \_\_\_\_\_. You have the right to be present at the hearing.

You also have the opportunity to be heard at the hearing. If you are unable to take the child and/or attend the hearing, please notify your worker by \_\_\_\_\_. If you have any questions or concerns prior to court, please contact our office immediately and speak with the worker or supervisor, at \_\_\_\_\_, Ext. \_\_\_\_\_

\_\_\_\_\_  
DCFS Family Service Worker Name

\_\_\_\_\_  
DCFS Family Service Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCFS FSW Supervisor Name

\_\_\_\_\_  
DCFS FSW Supervisor Signature

\_\_\_\_\_  
Date