



Division of Children & Family Services

P.O. Box 1437, Slot S566, Little Rock, AR 72203-1437

P: 501.682.0405 F: 501.682.0407 TDD: 501.682.1442

Dear Applicant,

Thank you for your inquiry regarding the process to have one's name removed from the Arkansas Child Maltreatment Central Registry.

Enclosed you will find form CFS-328-A: Request for Name Removal from the Central Registry. If you wish to have your name considered for removal from the Arkansas Child Maltreatment Central Registry, please review this form carefully to see if you meet the criteria to have your name considered for removal. If so, then please ensure all applicable pages of form CFS-328-A are completed. We ask that you also carefully review Section IV of form CFS-328-A and include all supporting documentation listed in that section to complete your Name Removal Request Packet.

In addition, Section IV of form CFS-328-A requires you to include your current Arkansas Crime Information Center (ACIC) criminal background check results as a part of your Name Removal Request Packet. To obtain those results, please complete form ASP-122 that is also enclosed and have the State Police records mailed to you. Instructions for the completion and submission of form ASP-122 are also included.

Please submit your complete Name Removal Request Packet -- which is comprised of form CFS-328-A and all supporting documentation listed in Section IV of form CFS-328-A -- by emailing it to centralregistry@dhs.arkansas.gov or mailing it to:

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

Please make copies for your records prior to sending.

The Child Maltreatment Central Registry Review Team meets on the third Thursday of each month. All complete packets received by the last day of the month will go before the Child Maltreatment Central Registry Review Team during the following month's meeting.

Sincerely,

Child Maltreatment Central Registry Review Team
c/o DCFS Central Registry Unit



Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR NAME REMOVAL FROM THE CENTRAL REGISTRY

I. REQUESTOR'S PERSONAL DATA:

_____	_____	_____
Last Name	First Name (Include any Alias)	Middle Name
Address _____	Telephone Home: (____) _____	
_____	Work: (____) _____	

_____	Date of Birth _____	Gender _____
Email _____	Soc. Sec. Number _____	Race _____

II. CHILD MALTREATMENT REPORT INFORMATION:

1. Date of child maltreatment: _____
2. Type of Child Maltreatment: _____
3. Were you convicted of a criminal offense for an act or omission that constitutes child maltreatment and for which you were placed in the Child Maltreatment Central Registry? ☐ Yes ☐ No

If you answered "Yes" to Question 3, please answer the Sub-question A below.

If you answered "No" to Question 3, please move on to Question 4.

- A. Has this conviction for the criminal offense been reversed or vacated? ☐ Yes ☐ No
If you answered "Yes" to Question A, please move on to Question 4.

If you answered "No" to Question A, please move on to Sub-question B.

- B. Was your name placed in the Child Maltreatment Central Registry for severe maltreatment?
Severe maltreatment means sexual abuse, sexual exploitation, acts or omissions that may or do result in death, abuse involving the use of a deadly weapon, as defined by A.C.A. § 5-1-102, bone fracture, internal injuries, burns, immersions, suffocation, abandonment, medical diagnosis of failure to thrive, or cause a substantial and observable change in the behavior or demeanor of the child.
☐ Yes ☐ No
If you answered "Yes" to Question B, please do not proceed. You are not eligible to be considered for removal from the Child Maltreatment Central Registry pursuant to A.C.A. § 12-18-908.

If you answered "No" to Question B, please move on to Question 4.

4. Did this type of child maltreatment listed above also result in a child death due to your direct act(s) or omission(s)? ☐ Yes ☐ No
If you answered "Yes" to Question 4, do not proceed. You do not meet the criteria to have your request reviewed pursuant to DCFS Procedure XIII-A9.

If you answered "No" to Question 4, please move on to Question 5.

5. Has the offender had a subsequent true report of this type for one year? ☐ Yes ☐ No

If you answered "Yes" to Question 5, do not proceed. You do not meet the criteria to have your request reviewed pursuant to A.C.A. § 12-18-908.

If you answered "No" to Question 5, please move on to Question 6.

6. Has more than one year passed since the offender's name was placed on the Central Registry? ☐ Yes ☐ No

If you answered "Yes" to Question 6, please move on to Question 7.

If you answered "No" to Question 6, do not proceed. You do not meet the criteria to have your request reviewed pursuant to A.C.A. § 12-18-908.

7. Are you still involved with an open DHS protective services or foster care case related to this type of maltreatment? ☐ Yes ☐ No

If you answered "Yes" to Question 7, do not proceed. You do not meet the criteria to have your case reviewed pursuant to DCFS Procedure VIII-A9.

If you answered "No" to Question 7, please go move on to Question 8.

8. If you listed any of the following types of child maltreatment in the response to Question 2, were your parental rights terminated either voluntarily or involuntarily due to this type of child maltreatment?

- Abuse with deadly weapon
- Bone fractures
- Brain Damage/Skull Fracture
- Burns/scalding
- Immersion
- Inadequate supervision – children less than 6 years of age
- Interfering with a child's breathing
- Internal injuries
- Malnutrition
- Oral sex
- Poison/noxious substances
- Presence of an illegal substance in a child or its mother at the time of birth resulting from the mother's knowing use of the substance
- Sexual exploitation
- Sexual penetration
- Shaking a child age 3 or younger
- Striking a child with a closed fist
- Subdural hematoma
- Suffocation

☐ Yes ☐ No ☐ N/A, I did not list any of these maltreatment types in response to Question 2.

If you answered "Yes" to Question 8, do not proceed. You do not meet the criteria to have your case reviewed pursuant to DCFS Procedure XIII-A9.

If you were instructed to proceed to Question 8 and then answered "No" or "N/A" to Question 8, you have met the criteria to have your request reviewed. A review of your request does not guarantee removal from the Arkansas Child Maltreatment Central Registry.

Arkansas Code Annotated § 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 Arkansas Child Maltreatment Central Registry if the offender has not had a subsequent true report of this type for one year and more than one year has passed since the offender's name was placed on the Arkansas Child Maltreatment Central Registry.

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 mentioned above for your case to be reviewed. The Review Committee meets on a monthly basis. Your request must be received forty-five 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 case number listed on your Central Registry Report? Case Number _____

IV. OTHER REQUIRED DOCUMENTATION:

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

- This form (CFS-328-A);
- A personal letter describing:
 - Your reason for the removal request;
 - The events and circumstances surrounding the child maltreatment allegation and finding; and,
 - Your rehabilitation;
- Your Child Maltreatment Registry results from any state other than Arkansas in which you have resided in the preceding year free from a true finding of the same maltreatment type for the preceding year (your AR Child Maltreatment Registry check will be run for you by DCFS upon receipt of this application so you do not have to submit your Arkansas Child Maltreatment Registry result with this application);
- Your Arkansas Crime Information Center (ACIC) current criminal background check results free from child maltreatment-related offenses for the preceding year;
- Your state criminal background check results from your current state of residence and/or from any state in which you have resided in the preceding year free from child-maltreatment related offenses for the preceding year;
- Evidence of your rehabilitation including, but not limited to:
 - Documentation proving participation in treatment, remediation, or rehabilitation programs as related to the specific offense. For removal requests related to types of sexual abuse, proof of rehabilitation must include documentation from a licensed mental health professional that:
 - States that the requestor has participated in therapy with the licensed mental health professional to address the issues related to the sexual abuse offense;
 - States total length of time the requestor has participated in therapy with the licensed mental health professional to address the issues related to the sexual abuse offense and the frequency of therapy sessions during that period of time;
 - Indicates whether a sex offender specific assessment was conducted during the therapy period (e.g., the Vermont Assessment of Sex Offender Risk (VASOR), Clarke Sex History Questionnaire for Males-Revised, Hare Psychotherapy Scale) (*note: the use of such an assessment is not necessarily a requirement for removal but the presence or absence of such an assessment will be considered*);

- Provides the licensed mental health professional's assessment of the requestor's participation during the therapy period.
 - One to three letters of reference from professionals (not to include DCFS employees), employees, spiritual counselors, friends, or family describing your rehabilitation. No more than one letter may be submitted from a family member.
- Are there currently any pending criminal charges related to an offense on the same set of facts of the child maltreatment report that resulted in placement on the Child Maltreatment Central Registry?
☐ Yes ☐ No

If you selected "Yes" to the question above, please provide the Review Committee with documentation describing the current status of these pending charges (e.g., court records, letter from your attorney, your probation officer, or the prosecuting attorney, etc.) in addition to the other information listed in this section.

Submit your documents to:

The Division of Children and Family Services

Central Registry

P.O. Box 1437, Slot S566

Little Rock, AR 72203

centralregistry@dhs.arkansas.gov



ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau Individual Record Check Request Form

INSTRUCTIONS

If you are mandated by law to have a background check performed, please contact the licensing agency/entity that requires the background check for the proper request form.

1. When **an Arkansas background check** is requested, include a properly completed **ASP-122** request form; a check or money order in the amount of **\$25.00**, made payable to the Arkansas State Police. **DO NOT SEND CASH**. A fingerprint card is **NOT** required to be submitted if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity to whom it was released.
2. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013.
3. If the request is made by mail, a properly addressed envelope with sufficient return postage must be included.
4. Send properly completed request form and proper payment to:

Arkansas State Police, ID Bureau
1 State Police Plaza Drive
Little Rock, AR 72209

To contact the Arkansas State Police, ID Bureau, you may call 501-618-8500.



ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: _____
Last name First name Middle name Jr/Sr/III

_____ Daytime Phone #: (____) _____
List ALL other names ever used (married, maiden, shortened, etc)

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Physical Address: _____
Street

_____ *City State ZIP*

Mailing Address: _____
Street or P.O. Box

_____ *City State ZIP*

APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code § 12-12-1013.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) Month/Day/Year

Release to: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street

_____ *City State ZIP*

Daytime Phone #: (____) _____

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

Notary Public