



**Division of Children & Family Services**

P.O. Box 1437, Slot S560, Little Rock, AR 72203-1437

P: 501.682.8770 F: 501.682.6968 TDD: 501.682.1442

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Dear Applicant,

Thank you for your inquiry regarding the process to have one's name removed from the Arkansas Child Maltreatment Central Registry when placed on the Central Registry as a juvenile.

Enclosed you will find form CFS-328-B: Request for Name Removal from the Central Registry by a Juvenile Offender. 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-B are completed. We ask that you also carefully review Section IV of form CFS-328-B and include all supporting documentation listed in that section to complete your Name Removal Request Packet.

In addition, Section IV of form CFS-328-B 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-B and all supporting documentation listed in Section IV of form CFS-328-B -- by emailing it to [centralregistry@dhs.arkansas.gov](mailto: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 by Juvenile Offender

#### I. REQUESTER'S PERSONAL DATA

Last Name	First Name (include any alias)	Middle Name
Address	Telephone	Home: ( )
		Work : ( )
Email	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

If you answered "Yes" to Question 1, please move on to Question 2.

If you answered "No" to Question 1, do not proceed. You do not meet the criteria to have your request reviewed pursuant to A.C.A. § 12-18-908.

2. Were you convicted of a felony as an adult for an act or omission that is the same act or omission for which you are named in the registry? ☐ Yes ☐ No

If you answered "Yes" to Question 2, please answer Sub-question A below.

If you answered "No" to Question 2, then you meet the criteria to have your request reviewed. Please see the next page for more information.

- A. Has this felony conviction been reversed or vacated? ☐ Yes ☐ No

If you answered "Yes" to Sub-question A, you have met the criteria to have your request reviewed. Please see the next page for more information.

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

- 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 Sub-question B, 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 Sub-question B, you have met the criteria to have your request reviewed. Please see the next page for more information.

A.C.A. § 12-18-908 requires the Arkansas Department of Human Services to establish procedures to determine whether or not to remove an offender's name from the Child Maltreatment Central Registry if the juvenile has reached the age of eighteen (18) 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 request upon receipt of this completed packet to determine if your name can be removed from the Central Registry. The review will determine whether there is a preponderance of the evidence that the juvenile offender has been rehabilitated based on the documentation submitted. Please see Section IV of this form for a list of information that must be submitted. A review of your request does not guarantee removal from the Arkansas Child Maltreatment 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. 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. You will be notified in writing of the committee's decision.

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### III. VICTIM AND CENTRAL REGISTRY DATA:

Victim's Name \_\_\_\_\_

Victim's Date of Birth \_\_\_\_\_

What is the CHRIS number listed on your Central Registry Report?

CHRIS Number \_\_\_\_\_

### IV. OTHER REQUIRED DOCUMENTATION

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

- 1) Child Maltreatment Registry results from any state in which the offender has resided in the preceding year -- other than Arkansas (if applicable) -- that show the offender is free from a true finding of the same maltreatment type for the preceding year;
- 2) Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;
- 3) 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;
- 4) 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.

As part of the name removal consideration process, DCFS will also complete a Arkansas Child Maltreatment Central Registry Check for you to ensure the results are free from a true finding of the same maltreatment type for the preceding year. You do not need to submit this information yourself.

**Submit your documents to:**

[centralregistry@dhs.arkansas.gov](mailto:centralregistry@dhs.arkansas.gov) or mail them to:

**The Division of Children and Family Services**

**Central Registry**

**P.O. Box 1437, Slot S566**

**Little Rock, AR 72203**

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# 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