



**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.

Section IV of form CFS-328-B notes that you must submit your current Arkansas Child Maltreatment Central Registry results. The instructions regarding how to obtain your Arkansas Child Maltreatment Central Registry results follow form CFS-328-B in this 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 \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ 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

**NOTE:** If you answered "yes" to the above question, then you meet the criteria to have your case reviewed. The review will determine whether there is a preponderance of the evidence that the juvenile offender has been rehabilitated based on the documentation the requestor submits. Please see Section IV of this form for a list of information that must be submitted.

Ark. Code Ann. 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 Central Registry if the juvenile has reached the age of eighteen 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 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 listed on this form for your case to be reviewed. The Review Committee meets on a monthly basis. Your request must be received 45 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:

- 1) Arkansas Child Maltreatment Central Registry results free from a true finding of the same maltreatment type for the preceding year;
- 2) Child Maltreatment Registry results from the offender's current state of residence and/or any state in which the offender has resided in the preceding year free from a true finding of the same maltreatment type for the preceding year;
- 3) Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;
- 4) 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;
- 5) 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.

**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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## Submitting an Arkansas Child Maltreatment Central Registry Background Check Request to Include with a Name Removal Request Packet

There are three stages involved with requesting results for an Arkansas (AR) Child Maltreatment Central Registry Background Check for you to include with a Name Removal Packet Request:

1. AR Child Maltreatment Central Registry Request Form Generator
2. AR Child Maltreatment Central Registry Request Form Upload
3. Online Payment

Details of each stage are outlined below. Please read the details of all stages before accessing the website.

### Stage 1: Arkansas (AR) Child Maltreatment Central Registry Form Generator Process

- A. After reading through both stages and their associated steps below, please visit <https://humanservices.arkansas.gov>.
  - i. Select 'Division and Shared Services' and then select 'Division of Children & Family Services.'
  - ii. Finally select "Request A Child Maltreatment Check." This will take you to the web page that will generate the request form.
- B. Once you are on the AR Child Maltreatment Central Registry Request Form web page, complete each required field (required fields denoted by an asterisk).
  - i. Under 'Reason for Registry Check' select, 'None of the above applies, but you would like to request a registry check.'
  - ii. Your information will go under 'Requester Information' since you are requesting this registry check for yourself.
  - iii. Note: Only the email addresses listed under "Applicant Information" will be emailed the copy of this form to print and notarize. Be sure the email address is spelled correctly.
- C. Once all required fields are completed, click 'Click here to have form sent to your email.'
- D. The completed request form will be emailed to the email address you entered on the AR Child Maltreatment Central Registry Request Form web page.
- E. Print this form and **sign the completed copy in the presence of a notary.**

### Stage 2: Arkansas (AR) Child Maltreatment Central Registry Form Upload Process

- A. Scan the notarized form to your computer and save it to a place you can easily locate it.
- B. Return to the DHS website and use the link in Stage 2 to upload the notarized form as a **Single Request** (form should be a minimum of 2 pages).
- C. Enter information in all required fields (please select 'None of these apply, but you would like to request a registry check.' Applicant type will be 'Self.')
- D. Click 'Browse' under 'Notarized Request File' to search your computer and upload the notarized copy of the form.
- E. Click 'Submit.'

### Stage 3: Online Payment

- A. Select A Payment Type.

- B. Complete the customer information and payment information sections to pay the AR Child Maltreatment Central Registry Request fee.
- C. Click Submit Payment.

You will receive a confirmation email verifying submission of your request and completed payment. Registry check results are emailed via encrypted email to the entity identified in the "Results Should Be Released To" section of the form submission request.


**For questions regarding the completion of the online Child Maltreatment Central Registry Check screens and/or forms, the DCFS Central Registry Unit can be contacted at:**


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**DCFS Central Registry**

P.O. Box 1437, Slot S-566

Little Rock AR 72203

Phone: 501-682-0405 

Fax: 501-682-0407 

Email: [CentralRegistry@dhs.arkansas.gov](mailto: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