

Arkansas Department of Human Services
Division of Children and Family Services

700 Main Street, Donaghey Plaza South, 5th Floor

P.O. Box 1437, Slot S560

Little Rock, Arkansas 72203-1437

Telephone (501) 682-8008 TDD (501) 682-1442 FAX (501) 682-6968

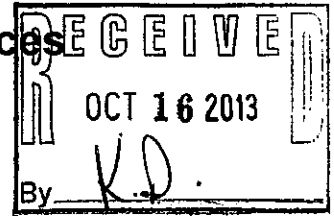


EXHIBIT C-1b

October 16, 2013

Varnaria Vickers-Smith, Legislative Analyst
Senate Interim Children and Youth Committee and the
House Aging, Children and Youth, Legislative and Military Affairs Committee
Arkansas Bureau of Legislative Research
One Capital Mall, 5th Floor, Room R-516
Little Rock, AR 72201

RE: Initial Filing - Regular Promulgation

Dear Ms. Vickers-Smith:

Please place the Division of Children & Family Services on the Children & Youth Committee agenda for review of the Rules as listed on the Questionnaire. The public comment period is from October 16, 2013 to October 14, 2013, with an effective date of January 1, 2014.

Enclosed are copies of the Questionnaire, Summary of Changes, Financial Impact Statement and Rule.

If you have any questions or comments, please contact Christin Harper, Policy & Professional Development Administrator, Division of Children and Family Services, P.O. Box 1437, (Slot S570), Little Rock, Arkansas 72203-1437; phone 682-8541; email christin.harper@arkansas.gov or fax 682-6968.

Sincerely,

A handwritten signature in cursive script that reads "Cecile Blucker".

Cecile Blucker

Director, Division of Children and Family Services

BUREAU OF LEGISLATIVE RESEARCH

DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
AMENDING ADMINISTRATIVE REGULATIONS

TITLE:

Revised Rule

- **CACD-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)**
- **CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)**

PROPOSED EFFECTIVE DATE: January 1, 2014

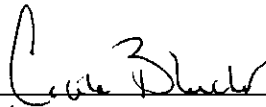
STATUTORY AUTHORITY: A.C.A. 9-28-103

NECESSITY AND FUNCTION:

Revised Rule

- **CACD-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)**
 - Revised to reflect change in definition of age of underaged juvenile offender per Act 1006 of the 89th General Assembly, Regular Session 2013
 - Removed language regarding children 13 to 15 years of age found true for sexual abuse with or without criminal conviction or adjudication per Act 1006 of the 89th General Assembly, Regular Session 2013
- **CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)**
 - Revised to reflect change in definition of age of underaged juvenile offender per Act 1006 of the 89th General Assembly, Regular Session 2013
 - Removed language regarding children 13 to 15 years of age found true for sexual abuse with or without criminal conviction or adjudication per Act 1006 of the 89th General Assembly, Regular Session 2013

PAGES FILED:



Signature

Name: Cecile Blucker

Title: Director

Section: Division of Children and Family Services

Department of Human Services

PROMULGATION DATES:

October 16, 2013-November 14, 2013

CONTACT PERSON:

Christin Harper

DHS-DCFS Policy Unit

Phone: (501) 682-8541

Fax: (501) 683-4854

Email: christin.harper@arkansas.gov

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services
 DIVISION Division of Children and Family Services
 DIVISION DIRECTOR Cecile Blucker
 CONTACT PERSON Christin Harper, Policy & Professional Development Administrator
 ADDRESS P. O. Box 1437, Slot S570, Little Rock, AR 72203-1437
 PHONE NO. (501)682-8541 FAX NO. (501) 683-4854 E-MAIL christin.harper@arkansas.gov
 NAME OF PRESENTER AT COMMITTEE MEETING Christin Harper
 PRESENTER E-MAIL christin.harper@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
 Administrative Rules Review Section
 Arkansas Legislative Council
 Bureau of Legislative Research
 One Capitol Mall, 5th Floor
 Little Rock, AR 72201

1. What is the short title of this rule? Child Maltreatment True Investigative Determination Notice Forms to Alleged Juvenile Offender (if currently age 18 or older)

2. What is the subject of the proposed rule? Updated CFS and CACD versions of form to comply with Act 1006 of the 89th General Assembly, Regular Session 2013

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
 If yes, please provide the federal rule, regulation, and/or statute citation. _____

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
 If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?

Yes

No

5. Is this a new rule? Yes No

If yes, please provide a brief summary explaining the regulation. _____

Does this repeal an existing rule? Yes No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule?

Yes

No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. A.C.A. 9-28-103

7. What is the purpose of this proposed rule? Why is it necessary?

Revised Rule

- CACD-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
 - o Revised to reflect change in definition of age of underaged juvenile offender per Act 1006 of the 89th General Assembly, Regular Session 2013
 - o Removed language regarding children 13 to 15 years of age found true for sexual abuse with or without criminal conviction or adjudication per Act 1006 of the 89th General Assembly, Regular Session 2013
- CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
 - o Revised to reflect change in definition of age of underaged juvenile offender per Act 1006 of the 89th General Assembly, Regular Session 2013
 - o Removed language regarding children 13 to 15 years of age found true for sexual abuse with or without criminal conviction or adjudication per Act 1006 of the 89th General Assembly, Regular Session 2013

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

AR Secretary of State Website

DHS/DCFS CHRIS public:

<https://ardhs.sharepoint.com/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

November 14, 2013

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

January 1, 2014

12. Do you expect this rule to be controversial? Yes No

If yes, please
explain. _____

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules?
Please provide their position (for or against) if known.

We do not know of any specific groups of persons who would comment.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services
DIVISION Division of Children and Family Services
PERSON COMPLETING THIS STATEMENT Greg Crawford
TELEPHONE NO. (501)682-6248 **FAX NO.** (501)682-6968 **EMAIL:** greg.crawford@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Child Maltreatment True Investigative Determination Notice Forms to Alleged Juvenile Offender (if currently age 18 or older)

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0.00

Total 0.00

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0.00

Total 0.00

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ 0.00

\$ 0.00

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 0.00

\$ 0.00

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
 - (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

DCFS SUMMARY OF CHANGES FOR OCTOBER 2013 PROMULGATION

SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to comply with Act 1006 of the 89th General Assembly, Regular Session 2013 by revising the CFS and CACD Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older) forms to reflect the change in definition of age of underaged juvenile offender and remove language regarding children 13 to 15 years of age found true for sexual abuse with or without criminal conviction or adjudication.



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To:
Address:
From:
Title:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 14 through 17 years of age. The incident was reported on (date) . The type of maltreatment was

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

[] Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 14 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

CELESTINE



**Arkansas Department of Human Services
Division of Children and Family Services
Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)**

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

Name of Alleged Victim: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 14 through 17 years of age. The incident was reported on (date) _____. The type of maltreatment was _____.

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 14 to 17 years old at the time of the act or omission that resulted in the true finding, will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

DUPLICATE



**Arkansas Department of Human Services
Division of Children and Family Services
Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)**

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

Name of Alleged Victim: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13-14 through 17 years of age. The incident was reported on (date) _____. The type of maltreatment was _____.

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 14 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

MARKER



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To:
Address:

From:

Title:

Phone:

County Office:

Date: CHRIS Referral #

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13-14 through 17 years of age. The incident was reported on (date)

The type of maltreatment was

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

[] Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 14-17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

MARKED