# Arkansas Department of Human Services
# Division of Children and Family Services
# Investigation File Request

Investigation Determination (check one): ☐ Unsubstantiated ☐ True

Alleged Offender's Name: _____
Last First Middle

Alleged Offender's DOB (MM/DD/YYYY): _____

CHRIS Referral Number (if known): _____

Alleged Victim(s) Name/DOB: _____

Name of person requesting investigation file: _____

Relationship (check appropriate box): ☐ Alleged Offender ☐ Alleged Victim
☐ Parent of Alleged Victim ☐ Law Enforcement ☐ Attorney for _____

Phone number of Requestor: _____

Please select how you would like the file sent to you:

☐ Email _____
Email Address

☐ U.S. Mail _____
Street Address City Zip

**THE FOLLOWING IS TO BE COMPLETED ONLY IN THE PRESENCE OF A NOTARY**

_____ _____
Signature of Applicant Date

County of _____, State of Arkansas

Acknowledged before me, this _____ day of _____, _____.

_____ My commission expires: _____
Notary Public

**Please include a $10 check or money made payable to the Arkansas Department of Human Services.**
Please mail this form and $10 check or money order to:
DCFS Release of Information Unit
PO Box 1437 Slot S-555
Little Rock, AR 72203

(05/2021)