



**ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION  
CHILD MALTREATMENT INVESTIGATIVE DETERMINATION NOTICE  
(OFFENDER)**

**CHRIS Referral #** 1407079 **County:** Pope

**To:** (Offender's Name) Richard Ondrisek  
(Address) \_\_\_\_\_

**From:** (Name) Edie L. Deal  
(Address) \_\_\_\_\_

**Date:** 04/05/2010 **Certified Mail #:** \_\_\_\_\_

**Child(ren) Involved:** Angela Ondrisek

On 09/22/2008, the Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named child(ren). The incident was reported to have occurred on the following date(s): Unknown

**A. This letter is to inform you of the investigative determination: (check one)**

- A preponderance of evidence indicates that this allegation should be determined not true (unsubstantiated).
- A preponderance of the evidence indicates that this allegation should be determined true and that your name should be put in the Child Maltreatment Central Registry as an offender on a true report.
- A preponderance of the evidence indicates that this allegation should be determined true. However, the finding will be "True, but Exempt", and the offender's name will not be placed on the Arkansas Child Maltreatment Central Registry.

**B. NOTIFICATION REQUIREMENTS:**

1. As required by the Arkansas Child Maltreatment Act, codified at Ark. Code Ann. § 12-12-501 et seq., a person listed in the Child Maltreatment Central Registry as an offender in a true report is identified to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed in the Central Registry.

2. A person listed as an "offender in a true investigative report" has the right to receive notice and request an administrative hearing before his or her name is placed in the Central Registry.

**C. AS THE OFFENDER:**

1. If you disagree with the investigative determination of true, which will result in your name being placed in the Child Maltreatment Central Registry, **you must request an administrative hearing within 30 days** of receipt of notice of this investigative determination. Otherwise your name will be placed in the Child Maltreatment Central Registry and will be subject to disclosure to certain classes of public and private persons as outlined in the Child Maltreatment Act. **To request an administrative hearing**, mail a copy of this form along with your request to: **Appeals & Hearing Officer, SLOT N401, P.O. Box 1437, Little Rock, AR 72203**. The administrative hearing will be conducted telephonically, unless you ask in your request that the hearing be held in person.

2. If you were a juvenile, age 10 to 17 years old **at the time** of the act or omission that resulted in the true finding of child maltreatment, an administrative hearing is automatically scheduled for you. You will **not** need to request an administrative hearing yourself. The juvenile offender or his parent can decline the automatic administrative hearing by submitting a written, signed waiver.

**D. TO OBTAIN A COPY OF THE INVESTIGATIVE REPORT (authorized people only)**, send a \$10.00 check or money order (no cash) along with a written, **notarized** request to the Arkansas Department of Human Services, 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.

4-5-10  
Date

Edie Deal  
Signature of Investigator

A completed copy of this determination notice was hand-delivered to me on this date: \_\_\_\_\_

Alleged offender \_\_\_\_\_

Witness \_\_\_\_\_

This information is available in different formats such as: large print; audio tape; etc. If you need another format contact the Division's ADA Coordinator at 501-682-8760 or TDD 501-682-1442.

CACD-312A (8-07)