

## PATH NC Instructions: Reporter Letters

### Intake Example:

Follow the steps below from the Intake Header:

1. Click **Generate Document**. The Generate Documents pop-up displays.
2. Select **Reporter Notification-Screen Out**, then click **Next**. The eSign pop-up displays.
3. Select **No**, then click **Generate**. The letter opens in a new browser tab.

**Reporter Notification**

DATA CONTENT

Filter By: ☐ Errors

Address City: City

Address State: North Carolina

Full Name: Tom Tester

Address ZipCode: 12345

Address Line1: 123 Test rd

Victim Names: Bobby Perp

Report Date: 14-07-2025

County DSS Contact Number:

Camden County DSS  
117 NC HWY 343 N  
Camden, NC 27921

Tom Tester  
123 Test rd  
City, North Carolina 12345

**REPORTER NOTIFICATION LETTER**

Re: Bobby Perp  
Case Identifier: ITK-88067

Dear Tom Tester

Thank you for your report of suspected child abuse, neglect, and/or dependency regarding the above-named child(ren) that you made on 7/14/2025.

The report was not accepted for Investigative or Family Assessment for the following reason:

The maltreatments in the report do not meet the N.C.G.S §7B-101 definition for Abuse, Neglect or Dependency and the report was not accepted for Investigative or Family Assessment. If you disagree with the Agency's decision not to conduct either a Child Protective Services Assessment, you may contact the Director of Camden County Child Welfare Agency at to request additional agency review of this decision.

Your concern for the welfare of children and families in our community is appreciated. If you have additional concerns regarding the child and/or family, please do not hesitate to contact the agency.

4. **Double-click** the letter shown on the right side of the page. The form highlights, and an editing panel displays on the left side of the page.

**Reporter Notification**

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**REPORTER NOTIFICATION LETTER**

Re: victimNames  
Case Identifier: intakeld

Dear fullName

Thank you for your report of suspected child abuse, neglect, and/or dependency regarding the above-named child(ren) that you made on notificationDate.

The report was not accepted for Investigative or Family Assessment for the following reason:  
screenOutReason

The maltreatments in the report do not meet the N.C.G.S §7B-101 definition for Abuse, Neglect or Dependency and the report was not accepted for Investigative or Family Assessment. If you disagree with the Agency's decision not to conduct either a Child Protective Services Assessment, you may contact the Director of county County Child Welfare Agency at CountyDSSContactNumber to request additional agency review of this decision.

Your concern for the welfare of children and families in our community is appreciated. If you have additional concerns regarding the child and/or family, please do not hesitate to contact the agency.

Sincerely,


5. In the editing panel on the left, **highlight and delete** the third paragraph, which starts with “The maltreatments...”
  6. **Copy and paste** the new language into the editing panel. Enter your county’s **name** and **phone number** in their designated fields.
- Note:** Use the formatting tools at the top of the editing panel to update font type, font size, and more as needed.


## Reporter Notification





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ce: **victimNames**  
 Case Identifier: **intakeId**  
 Dear **fullName**  
 Thank you for your report of suspected child abuse, neglect, and/or dependency regarding the above-named child(ren) that you made on **notificationDate**.  
 The report was not accepted for Investigative or Family Assessment for the following reason:  
**screenOutReason**  
 The concerns reported do not meet the N.C.G.S §7B-101 definition for Abuse, Neglect or Dependency and the report was not accepted for Investigative or Family Assessment. The report was not referred to the appropriate State or local enforcement agency. If you disagree with the Director's decision not to conduct a Child Protective Services Assessment, you may contact the Director of Wake County Child Welfare Agency at 919-000-0000 or the North Carolina Department of Health and Human Services Child Welfare Constituent Concerns Line at 919-527-6340 or [csswebrequestschildwelfare@dhhs.nc.gov](mailto:csswebrequestschildwelfare@dhhs.nc.gov) to request an additional review of the Director's decision.  
 Your concern for the welfare of children and families in our community is appreciated. If you have additional concerns regarding the child and/or family, please do not hesitate to contact the agency.

☐ Show All   ◀ ▶   Save   Save & Next   Close

- Click **Save**. The updated version of the letter displays on the right side of the page.
- Review the letter to confirm all changes are correct. After confirmation, click **Close** in the editing panel.
- Click **Submit**. This sends the letter to PATH NC, making it available for viewing and downloading.

## Assessment Example:

Follow the steps below from the Assessment Header:

1. Click **Generate Document**. The Generate Documents pop-up displays.
2. Select **Case Decision Notification to Reporter**, then click **Next**. The eSign pop-up displays.
3. Select **No**, then click **Generate**. The letter opens in a new browser tab.

**FAST 2404C Case Decision Notification to Reporter** [Print Preview] [Submit] [Close]

**DATA** | **CONTENT**

Filter By: ☐ Errors

Full Name: Carol Hathaway

Address City: Hometown

Address State: North Carolina

Address Line: Address line 1

Case Owner Phone:

All Child Names: Blue Sherbertsoeeauto

Case Supervisor Phone:

Intake Date: 24-09-2025

Hoke County DSS  
314 South Magnolia St.  
Raeford, NC 28376

Case Identifier: AMT Cherry  
Sherbertsoeeauto  
Worker: Snelata3 Singh3  
Date Generated: 9/30/2025

Hoke County DSS  
314 South Magnolia St.  
Raeford, NC 28376

Carol Hathaway  
Address line 1  
Hometown, North Carolina 12345

**CPS Assessment Case Decision Notification to Reporter**

Re: Blue Sherbertsoeeauto

Dear Carol Hathaway

The Child Protective Services assessment of the report of child abuse, neglect, and/or dependency that you made on September 24, 2025 regarding the above named child(ren) has been completed.

There was not sufficient evidence according to N.C.G.S. §7B-101 to Substantiate Abuse, Neglect or Dependency. The case was **Unsubstantiated and Closed**.

We appreciate your concern for the welfare of children and families in this community. If you have any questions or concerns, please contact me at or my supervisor at .

Sincerely,

4. **Double-click** the letter shown on the right side of the page. The form highlights, and an editing panel displays on the left side of the page.

**FAST 2404C Case Decision Notification to Reporter** [Print Preview] [Submit] [Close]

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**CPS Assessment Case Decision Notification to Reporter**

Re: **childNames**

Dear **fullName**

The Child Protective Services assessment of the report of child abuse, neglect, and/or dependency that you made on **intakeDate** regarding the above named child(ren) has been completed.

There was not sufficient evidence according to N.C.G.S. §7B-101 to Substantiate Abuse, Neglect or Dependency. The case was **Unsubstantiated and Closed**.

We appreciate your concern for the welfare of children and families in this community. If you have any questions or concerns, please contact me at **caseOwnerPhone** or my supervisor at **caseSupervisorPhone**.

Hoke County DSS  
314 South Magnolia St.  
Raeford, NC 28376

Case Identifier: AMT Cherry  
Sherbertsoeeauto  
Worker: Snelata3 Singh3  
Date Generated: 9/30/2025

Hoke County DSS  
314 South Magnolia St.  
Raeford, NC 28376

Carol Hathaway  
Address line 1  
Hometown, North Carolina 12345

**CPS Assessment Case Decision Notification to Reporter**

Re: Blue Sherbertsoeeauto

Dear Carol Hathaway

The Child Protective Services assessment of the report of child abuse, neglect, and/or dependency that you made on September 24, 2025 regarding the above named child(ren) has been completed.

There was not sufficient evidence according to N.C.G.S. §7B-101 to Substantiate Abuse, Neglect or Dependency. The case was **Unsubstantiated and Closed**.

We appreciate your concern for the welfare of children and families in this community. If you have any questions or concerns, please contact me at or my supervisor at .

Sincerely,

Show All [Previous] [Next] Save Save & Next Close

5. In the editing panel on the left, **highlight and delete** all existing content except for the “Re:” line and the “Dear” salutation.
6. **Copy and paste** the new language into the editing panel. Enter your county’s name, the **District Attorney’s contact information**, and any other required details in their designated fields.  
**Note:** Use the formatting tools at the top of the editing panel to update font type, font size, and more as needed.

## FAST 2404C Case Decision Notification to Reporter

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None

Re: childNames

Dear fullName

There **WAS NOT** sufficient evidence to substantiate a report according to N.C.G.S. §7B-101 to Substantiate Abuse, Neglect or Dependency. The case was **Unsubstantiated and Closed** for this family. Therefore, the Wake County Child Welfare Agency does not plan to take any further action in this case.

At this time, a petition has not been filed with the Juvenile Court. If you disagree with the decision not to file a petition, you may request a review by contacting the District Attorney or the North Carolina Department of Health and Human Services Child Welfare Constituent Concerns line within five days of your receipt of this notice.

The District Attorney's contact information is:

[insert phone number]

[insert street address]

[insert city, state, zip code]

The North Carolina Department of Health and Human Services Child Welfare Constituent Concerns line contact information is:

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8. Review the letter to confirm all changes are correct. After confirmation, click **Close** in the editing panel.
9. Click **Submit**. This sends the letter to PATH NC, making it available for viewing and downloading.