

**IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT**

← User entered text field (gray boxes)

**FOR COUNTY,
FLORIDA**

IN THE INTEREST OF:

← User entered text fields (gray boxes). Need to be able to add multiple children

CASE NUMBER
↑ Pulls the Court Case Number selected on the Legal Documentation page.

_____/_____
Minor child(ren)

PREDISPOSITION STUDY

Section I: Summary of Disposition Recommendations:

User entered text area (required).

Section II: Statutorily Required Information

A. Capacity and Disposition of Parents to Care for Each Child:

Pull from the Recommended Disposition narrative from the most recent in-home investigation on the Recommended disposition tab.

Field is editable, should the most recent investigation, associated with the case this PDS draws from, not contain the most accurate information.

B. The Length of Time the Child has Lived in a Stable, Satisfactory Environment and the Desirability of Maintaining Continuity:

User entered text area

C. The Mental and Physical Health of the Parents:

User entered text area

D. The Home, School, and Community Record of the Child:

User entered text area.

E. Each Child's Reasonable Preference:

User entered text area.

F. Evidence of Domestic Violence and/or Child Abuse:

Pull from Summary/Findings Implications for Child Safety textbox on the most recent investigation on the allegation/findings tab.

Editable.

G. Assessment of Dangers and Risks of Returning the Child Home:

Pull from the most recent updated Child Safety Assessment, Overall Safety Assessment tab, Overall Safety Assessment groupbox.

Editable.

H. Risks Still Present and Available Resources that will be Provided for the Protection and Safety of Each Child:

User entered text area.

I. Benefits of Returning Each Child to the Home:

User entered text area.

J. Description of All Unresolved Issues:

User entered text area.

K. Abuse and Criminal History for all Caregivers, Family Members, and Individuals Residing within the Household from which the Child was Removed.

For each Investigation/Referral, display following in chronologic order with most recent first:

1. Intake Received Date/Time
2. Maltreatments and associated findings from Allegations/Findings page
3. Initial and Final roles for each participant of Investigation (does not apply to SC Referrals) from Participants page
4. Criminal History Summary and Implications for victim Safety from Background History pop up page/Criminal History page
5. Prior Intakes and Service Records Implications for Victim Safety from Background History pop up page/Prior Intakes and Investigations/Referral page.

The system will look at any case participant and display the chronological history for all participants.

L. CPT Report Attached? Yes No

If Not Attached, Explain:

User entered text area is No is checked.

M. All Opinions or Recommendations from Other Professionals or Agencies that Provide Evaluative, Social, Reunification, or Other Services to the Parent and Child:

User entered text area.

N. Appropriate and Available Reunification Services for Each Child:

User entered text area.

1. Services were Provided? Yes No

User entered text area.

2. If Yes, what was the Outcome of the Services?

User entered text area.

3. If No, Explain why Services were not Provided:

User entered text area.

4. If Services are Currently being Provided, do the Services Need to Continue?

User entered text area.

O. Other Prevention and Reunification Services that were Available but Determined to be Inappropriate and Why:

User entered text area.

P. Dependency Mediation was Provided? Yes No

Section III: Statutorily Required Information for Children Placed in Out of Home:

A. Placement Recommendation Regarding Non-Custodial Parent for Each Child:

User entered text area

B. Home Study Required? Yes No

If Required, Filed/Attached Yes No

C. Child Support Assessed:

User entered text area.

D. Recommendation for Length of Time when Reunification will be Considered:

User entered text area.

Section IV: Signatures

Signature

Title:_____

Date Signed

Signature

Title:_____

Date Signed

Signature

Title:_____

Date Signed

Signature

Title:_____

Date Signed