

**IN THE CIRCUIT COURT OF THE  
JUDICIAL CIRCUIT IN AND  
FOR COUNTY, FLORIDA**

**IN THE INTEREST OF:**

**CASE NUMBER**

\_\_\_\_\_/\_\_\_\_\_  
Minor child(ren)

**PREDISPOSITION STUDY REPORT**

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**I: Summary of Disposition Recommendations:**

Adjudication:  Yes  No If Yes, date of adjudication:

Placement Recommendation:

Visitation Recommendations:

Are there any overall, outstanding disagreements?  Yes  No

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**II: Statutorily Required Information**

A. Capacity and Disposition of Parents to Care for Each Child: Refer to Family Functioning Assessment

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

C. The Mental and Physical Health of the Parents: Refer to Family Functioning Assessment – Domain 4: Parent/Adult Functioning

D. The Home, School, and Community Record of the Child: Also Refer to Family Functioning Assessment

Child Name	School at Removal	Current School

Home and Community Record:

E. Each Child's Reasonable Preference:

F. Evidence of Domestic Violence and/or Child Abuse: Refer to Family Functioning Assessment

G. Assessment of Dangers and Risks of Returning the Child Home: Refer to Family Functioning Assessment

H. Risks Still Present and Available Resources that will be Provided for the Protection and Safety of Each Child: Refer to Family Functioning Assessment and Safety Plan

I. Benefits of Returning Each Child to the Home:

J. Description of All Unresolved Issues:

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

Victim	Maltreatment	Finding	Intake Received Date/Time

Intake Allegation Narrative(s)

Field Allegation Narrative

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

M. Appropriate and Available Reunification Services for Each Child: Refer to Case Plan

N. Other Prevention and Reunification Services that were Available but Determined to be Inappropriate and Why: Refer to Family Functioning Assessment

O. Dependency Mediation was Provided?  Yes  No

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

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A. Is the child placed with the other parent?  Yes  No

If no, provide explanation including if placing the child with the other parent is detrimental to child safety.

B. Child Support Assessed: Refer to Case Plan

C. Recommendation for Reunification will be considered when danger threats have been safely managed by enhanced parental protective capacities.

Attachments to the PDS REPORT:

Unified Home Study	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Present Danger Assessment (PDA)	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:

Family Functioning Assessment (FFA) – Investigation	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Family Functioning Assessment (FFA) – Ongoing	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Child Protection Team (CPT) Report	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Case Plan	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Investigation Photos	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Reports and Recommendations of Professionals	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Diligent Search Affidavit	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Filed with the Court <input type="checkbox"/> Not Attached Reason:
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U. S. mail/hand delivery/electronic delivery/facsimile to:

This        day of        , 20        .

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**CLS Attorney**

**Date:**