



REPORT TO STATE ATTORNEY

Adult protective investigators use this form to notify the state attorney that they suspect a second party may be responsible for abuse, neglect or exploitation of a vulnerable adult.

1. FSN #: _____

2. Date: _____

TO: 3. Contact person of State Attorney's Office 7 Victim's Last Name First Name MI

4 State Attorney's Street Address or post office box 8 Victim's Age 9. County where ANE occurred

5 State Attorney's City State Zip code 10 Victim's Street Address

6 Name of facility (if victim lives in facility) 11 Victim's City State Zip code

Comment [e1]: This field will pre-fill with the investigation number associated with the Child Investigation from where the form is launched.

Comment [e2]: Prefills with system date

Comment [e4]: Prefills with name

Comment [e3]: User entered text

Comment [e6]: Prefills with age

Comment [e7]: Prefills with county where abuse occurred

Comment [e5]: User entered text

Comment [e9]: Prefills with address

Comment [e8]: User entered text

Comment [e11]: Prefills from address of victim

Comment [e10]: Prefills with name of provider where adult is placed

NOTICE

Chapter 415, Florida Statutes, requires that when the department has reasonable cause to believe that a vulnerable adult has been abused, neglected, or exploited by another person, the department must notify the state attorney having jurisdiction in the county in which the abuse, neglect or exploitation occurred. Please provide your findings to the protective investigator at address in Item 19. In your findings, tell whether prosecution is justified in view of the specific case.

With this report, the Department of Children and Family Services notifies you, the state attorney, that the department has reason to believe that a secondary party may be responsible for abuse, neglect or exploitation against the victim in Item 7.

12. Guardian's Name 15 Possible Responsible Person's name

13 Guardian's Street Address 16. Law Enforcement Agency

14 Guardian's City State Zip code 17 Law Enforcement Case Number (if known)

18. Investigator's Comments: (Add additional sheets, if needed.)

Comment [e12]: Prefills with guardian's name from investigation

Comment [e13]: Prefills with alleged maltreater's name

Comment [e14]: Prefills with guardian's address from investigation

Comment [e15]: User entered text

Comment [e16]: Prefills with guardian's data from investigation

Comment [e17]: User entered text

19 Adult Protective Investigation Unit's Street Address 24. If the investigation is completed, this report was closed with: [] Verified Findings [] Not Substantiated

20 Unit's City State Zip code 25. For office use only: [] Contacted State Attorney by phone

21 Adult Protective Investigation Unit's phone number 26. Date Contacted: _____

Comment [e18]: Prefills from mailing address of unit assigned

Comment [e19]: User entered checkboxes

Comment [e20]: Prefills from unit mailing address

Comment [e21]: User entered checkbox

Comment [e22]: Prefills with phone # of unit assigned

Comment [e24]: User entered date

Comment [e23]: Blank line



22 Adult Protective Investigator's signature

23 Adult Protective Investigator supervisor signature

27 Person Contacted

Comment [e25]: Blank Line

Comment [e26]: User entered text