



**CONFIDENTIAL
 INVESTIGATIVE SUMMARY (IS)
 Adult In-Home Investigation
 (with Reporter Information)**

Case Name	Intake Number	Investigative Sub-Type	County
Date/Time Intake Received		Protective Investigator	
Date/Time Investigation Closed		Protective Investigator Supervisor	

I. Allegation Narrative(s)

	Sequence Type	Date/Time Received	Response Priority	
Reporter Information	Reporter Name	Reporter Type	Report Method	Reporter Requests Contact
	Caller ID	Home Phone	Other Phone	Work Phone
	Reporter Narrative			
	Source Information			

Narrative

Field Narrative

II. Victim(s)

Name	DOB	Age	Gender	Race	Disabilities
Maltreatment	Findings	Incident Date	Possible Responsible Person (PRP)		Fatality
Lacks Capacity to Consent	Intervention Services are Needed	Placement Outside the Home is Required	Judicial Action Required		

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the Florida Safe Families Network is subject to the penalty provisions of s. [415.111](#)



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III. Other Participant(s)

Name	DOB	Age	Gender	Race	Role
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IV. Implications for Victim Safety

- A. Victim Safety Factors Implications
- B. Service Needs Implications
- C. PRP Factors Implications
- D. Criminal History Summary and Implication for Victim Safety
- E. Prior Reports and Service Records Implications for Victim Safety

V. Overall Safety Assessment

VI. Summary/Findings Implications

VII. Recommended Disposition Narrative

VIII. Signatures

SIGNATURE – Protective Investigator

Date Signed

SIGNATURE – Protective Investigator Supervisor

Date Signed