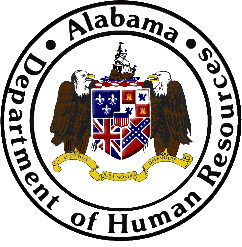
**ALABAMA SECURITIES COMMISSION**

**AND**

**DEPARTMENT OF HUMAN RESOURCES**

**REPORT OF ADULT SUSPECTED TO BE FINANCIALLY EXPLOITED**

**For use by Qualified Individuals pursuant to Ala. Code § 8-6-170 to 179**

**SECTION I - INCIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: |  | Time: |  |

**SECTION II - PERSON IDENTIFIED AT RISK OF EXPLOITATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | |  | | | | | First Name: | | |  | | MI: |  |
| Sex: | M  F | | | Date of Birth: |  | Race: |  | Social Security# | | | |  | | |
| Address: | |  | | | | | | Phone: | |  | | | | | |
| Responsible Party (if applicable) Power of Attorney/Guardian/Conservator: | | | | | | | | |  | | | | | | |
| Contact Information: | | | |  | | | | | | | | | | | |
| Institution Tracking#: | | | |  | | | | | | | | | | | |

**SECTION III – PERSON ALLEGEDLY RESPONSIBLE FOR EXPLOITATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | |  | | | First Name: | |  | | | MI: |  | | Phone# | |  |
| Sex: | M  F | | | Race: |  | | Date of Birth: | |  | | Relationship to Victim: | | | |  | |
| Address: | |  | | | | | | | | Social Security: | | |  | | | |
| Additional Information: | | | |  | | | | | | | | | | | | |

**SECTION IV – PLEASE DESCRIBE THE INCIDENT** (use additional pages if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION V – CIRCUMSTANCES OF PERSON IDENTIFIED AT RISK**

**Person Identified at Risk** (check descriptions that apply)

Physical Dependence  Intellectual Disability

Behavioral Disorders  Mental Problem

Substance Abuse  Economic Dependence

Emotional Problems

**SECTION VI – IF ABUSE, NEGLECT, OR OTHER FINANCIAL EXPLOITATION IS SUSPECTED**

**PLEASE DESCRIBE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VII – REPORTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Reporter: | |  | | | | | | | Title: |  | | |
| Address/Phone Number of Reporter: | | | |  | | | | | | | | |
| Firm Name: |  | | | | | | | Address: |  | | | |
| Third Party Contacted? | | | Y  N | | Name: | |  | | | | Legal Relationship: |  |
| Third Party Contact Information: | | | | | |  | | | | | | |
| Additional Witnesses/How to Contact: | | | | | |  | | | | | | |

Delayed Disbursement: Yes  No

Financial Records Attached: Yes  No

**When finished—Save a copy for your records and e-mail form to Department of Human Resources at** [**aps@dhr.alabama.gov**](mailto:aps@dhr.alabama.gov), **and the Alabama Securities Commission at** [**adultprotect@asc.alabama.gov**](mailto:adultprotect@asc.alabama.gov), **or by fax at 334-353-4690**.