

**Instructions**  
**Alabama Securities Commission and Department of Human Resources**  
**Report of Adult Suspected to be Financially Exploited**

**PURPOSE**

To record information pertaining to allegations of investment financial exploitation.

**DISTRIBUTION**

Individuals completing the report must submit it to the Alabama Securities Commission and the Alabama Department of Human Resources. Keep a copy for your record and e-mail a copy to: [aps@dhr.alabama.gov](mailto:aps@dhr.alabama.gov) and [adultprotect@asc.alabama.gov](mailto:adultprotect@asc.alabama.gov).

The ASC will also accept faxed reports to 334-353-4690.

**Section I Incident**

Complete the Date the incident occurred.

Complete the Time the incident occurred if known.

**Section II Person Identified at Risk of Maltreatment**

1. Name – full name.
2. Sex  
M = Male  
F = Female
3. Date of birth-Enter month, day, and year (Ex. 01/12/1980)
4. Race  
W = White  
B = Black  
A = Asian/Pacific Islander  
I = American Indian  
H = Hispanic  
U = Unknown
5. Social Security number, if known.
6. Address – Street address, city, state, zip code, and telephone number. Indicate the facility name when the person lives out of home.
7. Responsible party, if applicable, – Give name of the victim’s sponsor or person responsible for them.
8. Complete contact information including phone numbers and address of the responsible person.
9. Complete the Institution or Firm tracking number if such a number is required for future contact by DHR or ASC.

### **Section III Person Allegedly Responsible for Exploitation**

1. Complete full Name.
2. Complete phone number of person allegedly responsible.
3. Complete Sex  
M = Male  
F = Female
4. Complete Race  
W = White  
B = Black  
A = Asian/Pacific Islander  
I = American Indian  
H = Hispanic  
U = Unknown
5. Complete Date of birth-Enter month, day, and year (Ex. 01/12/1980)
6. Complete Relationship to victim
7. Complete Address
8. Complete SS#

### **Section IV Describe the Incident**

Provide specific details of the suspected financial exploitation. (Use additional pages if necessary) The description should include the circumstances which contributed to your reasonable belief that financial exploitation had occurred or was occurring and may include a description of the demeanor of the investor.

Examples may include:

- Vulnerable adult who, possibly without explanation, attempts disbursement of large amounts to give to a family member who has not been known to be involved previously.
- Vulnerable adult who, possibly without explanation, attempts disbursement of large amount for a new acquaintance.
- Vulnerable adult who begins uncharacteristic disbursements of any amount on a regular basis without a reasonable explanation.
- Vulnerable adult who appears forgetful and makes sudden and questionable changes in their investment strategy or attempts investment outside of the investors typical risk parameters and client was unable to explain or provided unclear reasons for executing the transaction.

### **Section V Circumstances of Person Identified at Risk**

Place a check next to each item that describes the alleged victim.

1. Physical Dependence  
Poor Physical Health – General, chronic illness, acute illness, mobility problems, other physical problems, physical deterioration associated with aging process or disability, other physical problems.
2. Behavioral Disorders – Verbally abusive, physically violent, stubborn/obstinate, removes clothes, wandering behavior, criminal behavior, other behavioral disorders.

3. Substance Abuse – Alcohol, legal drugs, illegal drugs, other substances.
4. Emotional Problems – Depression, attempted suicide, anxiety, nervous breakdown, loneliness, other emotional disorders.
5. Intellectual Disabilities – A disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.
6. Mental Problems – Mental confusion/disorientation, psychosis, paranoia/excessive suspicion, schizophrenia, hallucinations/delusions, other mental disorders.
7. Economic Dependence – Destitute/indigent/no money, substandard housing, poor clothing, unpaid utilities, other evidence of economic dependence.

#### **Section VI If Abuse, Neglect, or Other Financial Exploitation is Suspected, Please Describe**

Describe any known incident of abuse, neglect, or other exploitation suspected.

**Abuse**, as defined in Section 38-9-2 is “The infliction of physical pain, injury, or the willful deprivation by a caregiver or other person of services necessary to maintain mental and physical health.”

**Neglect**, as defined in Section 38-9-2 is “The failure of a caregiver to provide food, shelter, clothing, medical services, or health care for the person unable to care for himself or herself; or the failure of the person to provide these basic needs for himself or herself when the failure is the result of the person’s mental or physical inability.”

**Other Financial Exploitation**, as defined in Section 38-9-2 is “The expenditure, diminution, or use of the property, assets, or resources of a protected person without the express voluntary consent of that person or his or her legally authorized representative or the admission of or provision of care to a protected person who needs to be in the care of a licensed hospital by an unlicensed hospital after a court order obtained by the State Board of Health has directed closure of the unlicensed hospital.”

#### **Section VII Reporter**

1. Provide the Name of Reporter and Title.
2. Provide the address and phone number of the reporter.
3. Provide the Firm Name and Address.
4. Check whether the Third party has been contacted and provide their Legal Relationship
5. Provide Third party contact information.
6. List any additional witness and how to contact them.
7. Check whether disbursement was delayed.
8. Check whether financial records are attached.

Save a copy for your records and email the form to [aps@dhr.alabama.gov](mailto:aps@dhr.alabama.gov), **AND** [adultprotect@alabama.gov](mailto:adultprotect@alabama.gov). The ASC will also accept faxed reports to 334-242-0240.