



**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, and the Alabama Securities Commission at adultprotect@asc.alabama.gov, or by fax at 334-353-4690.