



**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 <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>
Behavioral Disorders <input type="checkbox"/>	Mental Problem <input type="checkbox"/>
Substance Abuse <input type="checkbox"/>	Economic Dependence <input type="checkbox"/>
Emotional Problems <input type="checkbox"/>	

**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 Y N Name: Legal Relationship:
Contacted?
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@dhhr.alabama.gov, and the Alabama Securities Commission at adultprotect@asc.alabama.gov, or by fax at 334-353-4690. Updated Jan. 3, 2017