**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**.