



**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 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.**