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. Updated Jan. 3, 2017