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LOUISIANA COMMISSIONER OF SECURITIES
AND
LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF AGING AND ADULT SERVICES
REPORT OF FINANCIAL EXPLOITATION OF AN ELIGIBLE ADULT

For use by Qualified Individuals pursuant to Louisiana Revised Statutes of 51:725 through 725.7

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: _____ Ethnicity: _____ Social Security#: _____
Address: _____ Phone: _____
Responsible Party (if applicable) Power of Attorney/Representative/Mandate/Curator: _____
Contact Information: _____

SECTION III – PERSON ALLEGEDLY RESPONSIBLE FOR EXPLOITATION

Last Name: _____ First Name: _____ MI: _____ Phone#: _____
Sex: M ☐ F ☐ 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 Disability ☐ Mental Disability ☐
Developmental Disability ☐ Infirmities of Aging ☐

SECTION VI – IF ABUSE, NEGLECT OR OTHER FINANCIAL EXPLOITATION IS SUSPECTED, PLEASE DESCRIBE

SECTION VII – REPORTER

Name of Reporter: _____ Title: _____
Address/Phone#: _____
Firm Name: _____ Address: _____
Third Party Contacted? Yes ☐ No ☐ Name: _____ Legal Relationship: _____
Contact Information: _____
Additional Witnesses/Contact Information: _____
Delayed Disbursement: Yes ☐ No ☐
Financial Records Attached: Yes ☐ No ☐

Save a copy for your records and fax completed form to the Louisiana Department of Health-Office of Aging and Adult Services at (225) 342-9069 <u>and</u> to the Louisiana Commissioner of Securities at (225) 925-4511, or by mail to Louisiana Comissioner of Securities at 8660 United Plaza Blvd., 2nd Floor, Baton Rouge, LA 70809.

Information provided will be kept confidential pursuant to applicable statutory authority.