



**LOUISIANA COMMISSIONER OF SECURITIES
AND
LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF AGING AND ADULT SERVICES
REPORT OF FINANCIAL EXPLOITATION OF AN ELIGIBLE ADULT
BETWEEN THE AGES OF 18 AND 59**



For use by Qualified Individuals pursuant to Louisiana Revised Statutes 51:731 through 738

SECTION I – INCIDENT

Date of Incident:

Time:

SECTION II – PERSON IDENTIFIED AT RISK OF EXPLOITATION

Last Name:

First Name:

MI:

Sex:

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:

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

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:

Phone:

Firm Name:

Address:

Third Party Contacted?

Name:

Legal Relationship:

Contact Information:

Delayed Disbursement:

Financial Records Attached:

Save a copy for your records and fax completed form to the Louisiana Department of Health-Office of Aging and Adult Services at (225) 324-9069 and to the Louisiana Commissioner of Securities at (225) 925-4511.

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