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| Image result for delaware DOJ**dhsslogo** | **Report of Suspected Financial Exploitation**  **Pursuant to 31 Del. C. § 3910** |

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| **Directions:** *This form is for financial institutions only. To make a referral to Adult Protective Services of the Delaware Department of Health and Social Services and the Investor Protection Unit of the Delaware Department of Justice related to suspected financial exploitation, complete all information requested. Once completed, email this form and all supporting documentation to* [*DelawareADRC@delaware.gov*](mailto:DelawareADRC@delaware.gov) *and* [*IPU.seniorprotection@delaware.gov*](mailto:IPU.seniorprotection@delaware.gov) *with the subject line ATTENTION: Suspected Financial Exploitation.*  *Please be advised that all reports of suspected financial exploitation will remain confidential.* |

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| Date: Click here to enter a date. | | Doc ID #: | | IPU # (IPU Use Only): |
| Financial Institution: | | Address: | | |
| Contact Person: | Phone: | | Email: | |
| Alternative Contact Person: | Phone: | | Email: | |
| Is this report coming from a registered Investment Advisor or Broker Dealer?  Yes  No | | | | |
| Has the financial institution reported suspected exploitation to a family member of other designee?  Yes  No  If yes, please provide their name and contact information: | | | | |
| Has a disbursement been delayed?  Yes  No | | | | |
| What actions, if any, has the Reporting Financial Institution taken?  Click here to enter text. | | | | |

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| *Information on Alleged Victim/Account* | | | |
| Name: |  | | Date of Birth: |
| Address: |  | | Gender: Choose an item. |
| Email Address: |  | | Phone: |
| Circumstances of Person Identified At Risk (physical disability, financial dependency, etc.):  Click here to enter text. | | | |
| Relationship to Alleged Perpetrator(s): | Mother  Father  Son | Daughter  Unknown  Other: | |
| Account(s) involved:  Click here to enter text. | | | |
| Is this a joint account? | Yes  No | Name(s) on the Account: | |
| Are any of the following in place (*check all that apply and list the designee)?* | Power of Attorney:  Guardianship:  Representative Payee: | | |

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| *Information on Alleged Perpetrator(s)* | | | |
| Person 1: | Unknown/Not Applicable | | |
| Name: |  | | Date of Birth: |
| Address: |  | | Gender: Choose an item. |
| Email Address: |  | | Phone: |
| Is this person a registered Investment Adviser Representative or Broker Dealer Agent?  Yes  No | | | |
| Person 2: | Unknown/Not Applicable | | |
| Name: |  | | Date of Birth: |
| Address: |  | | Gender: Choose an item. |
| Email Address: |  | | Phone: |
| Is this person a registered Investment Adviser Representative or Broker Dealer Agent?  Yes  No | | | |
| Are there any other open accounts that are being exploited (*check all that apply)?* | Certificates of Deposits (CD)  Money Market Accounts (MMA)  Savings Account(s) | Safety Deposit Box  Investment or Brokerage Account  Unknown  Other: | |

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| *Reporting Party* | |
| Was the suspected exploitation reported to the financial institution by a third party?  Yes  No | |
| Name of Reporting Party: | Relationship to Alleged Victim: |
| Reporting Party Phone: | Reporting Party Email: |
| Reporting Party Address: | |
| *Describe the alleged financial exploitation. Be as specific as possible and include dates, times, type of accounts, persons involved etc. Use additional sheets of paper if needed.*  Click here to enter text. | |
| *Describe any other types of abuse, neglect or exploitation of the alleged victim that you may be aware of.*  Click here to enter text. | |
| *Please attach supporting documents (financial records, etc.). Please list attached documents below:*  Click here to enter text. | |