

The following information should be provided in an encrypted email or as an attachment to an encrypted email to NJSAFEReporting@dca.njoag.gov

REPORT OF ADULT SUSPECTED TO BE FINANCIALLY EXPLOITED

For use by Qualified Individuals pursuant to N.J.S.A § 49:3-84 to 89

SECTION I - INCIDENT

Date of Incident:

Time:

Institution Tracking #:

Delayed Disbursement: Yes No

Financial Records Attached: Yes No

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:

Third Party Contacted? Y N

Name:

Legal Relationship:

Third Party Contact Information:

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 – CIRCUMSTANCES OF PERSON IDENTIFIED AT RISK

Person Identified at Risk (include descriptions that apply)

Physical Dependence Intellectual Disability

Behavioral Disorders Mental Problem

Substance Abuse Economic Dependence

Emotional Problems

SECTION V – PLEASE DESCRIBE THE INCIDENT:

(Be sure to include additional witnesses and how to contact)

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: