

# Report of Suspected Financial Exploitation of a Senior or Vulnerable Adult

## Instructions

The [Nebraska Protection of Vulnerable Adults from Financial Exploitation Act](#) permits a qualified person to notify the Nebraska Department of Banking and Finance (NDBF) and the Adult Protective Services Division of the Department of Health and Human Services (DHHS APS) when the qualified person reasonably believes that financial exploitation of an eligible adult may have occurred, may have been attempted, or is occurring or being attempted.

Additionally, the Act requires a broker-dealer or investment adviser to notify NDBF and DHHS APS within two business days after placing a hold on transaction or disbursement when the firm reasonably believes that the requested transaction or disbursement may result in financial exploitation of an eligible adult.

Qualified person includes the following:

- Broker-dealers
- Investment advisers
- Agents
- Investment adviser representatives
- A person who serves in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser

Eligible adult includes

- A senior adult age 65 years or older
- A person eighteen years of age or older who has a substantial mental or functional impairment or for whom a guardian or conservator has been appointed under the Nebraska Probate Code

To make a report to NDBF, complete the following form with as much detail as possible. Submit the report and any supporting documents at <https://nebraska.sharefile.com/i/ie2ee0649716416d8>.

To make a report to DHHS APS, call (800) 652-1999 or file a report online at <https://neabusehotline-dhhs.ne.gov/Reporter>.

**If the eligible adult is in immediate danger, please call 911.**

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## Eligible Adult (Person Identified at Risk of Exploitation)

<b>First Name</b>	_____	<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Middle Initial</b>	_____	<b>Date of Birth</b>	_____	
<b>Last Name</b>	_____	<b>Marital Status</b>	_____	
<b>Address Line 1</b>	_____	<b>Phone</b>	_____	
<b>Address Line 2</b>	_____	<b>Email</b>	_____	
<b>City</b>	_____			
<b>State</b>	_____			
<b>Zip</b>	_____			

### Circumstances of Eligible Adult Identified at Risk (check all the apply)

- Difficulty communicating     Memory loss     Erratic behavior  
 Impaired judgment     Confusion/Disorientation     Mental impairment  
 Physical impairment     Guardianship or Conservator  
 Noticeable neglect or decline in appearance or hygiene  
 Other concerning behavior: \_\_\_\_\_

## Incident Details

**Date of Incident** \_\_\_\_\_

**Time of Incident** \_\_\_\_\_

There is reason to believe that the financial exploitation of an eligible adult has occurred, has been attempted, or is being attempted and the eligible adult is (check all that apply):

- Age 65 or older  
 A person eighteen years of age or older who has a substantial mental or functional impairment or for whom a guardian or conservator has been appointed under the Nebraska Probate Code

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## Delayed Disbursement or Transaction

Was a disbursement or transaction delayed?  Yes  No

Start date of the delay \_\_\_\_\_

Are you requesting an extension of the delay?  Yes  No

Amount of funds requested \_\_\_\_\_

Where funds were requested to be sent \_\_\_\_\_

In connection with the requested disbursement or transaction, was or would there be any sale of securities from the account of the eligible adult or an account in which the eligible adult is a beneficial owner?

Yes  No

## Notifications

Have you notified the Nebraska Department of Health and Human Services Adult Protective Services?

Yes  No

## Intake/Report Number

Have you notified the Trusted Contact?

Yes  No

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you notified any other party?

Yes  No

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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## Person Allegedly Responsible for the Exploitation

Please provide any details you have.

**First Name** \_\_\_\_\_

**Middle Initial** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_ **Email** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Relationship to the eligible adult**

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## Description of Incident

Please provide detailed information about why you believe the disbursement or transaction would result in the eligible adult becoming a victim of financial exploitation. If needed, use additional pages or submit additional documentation.

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## Additional Witness Information

Please provide the name, relationship, and contact information of any additional witnesses.

## Reporter Information

**First Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **CRD** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_ **Email** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Firm Name** \_\_\_\_\_ **Firm CRD** \_\_\_\_\_

## Acknowledgement

By typing my name below, I acknowledge that I am an agent, investment adviser representative, or a person who serves in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser. I affirm that the information provided in the above notification is true and correct to the best of my knowledge.

**Full Legal Name**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_