

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)

First Name _____ **Sex** _____ Male _____ Female
Middle Initial _____ **Date of Birth** _____
Last Name _____ **Marital Status** _____

Address Line 1 _____ **Phone** _____
Address Line 2 _____ **Email** _____
City _____
State _____
Zip _____

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

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.

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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
