

STATE OF ALASKA

**Department of Administration
Office of Public Advocacy,
Anchorage Elder Fraud Section**

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GOVERNOR

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FRAUD REPORT FORM

ELDER INFORMATION

DATE: _____

Full Name _____

Mail Address _____, AK _____

Date of Birth _____, __, _____

Physical Address _____, AK _____

Social Security # _____

Home Phone _____

Cell Phone _____

Marital Status M_ S_ W_ D_

Own Y_N_

Rent Y_N_

*If Rented; Landlord:

Name _____ Home Phone _____

Cell _____

Address _____, AK _____

Family Members:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Former Name _____ Phone _____

Address _____, _____

Date of Loss or Harm 1st known? _____

Does elder have capacity? Yes__ No__

*If no; who has information regarding capacity such as Doctors?

Name _____ Phone _____ Fax _____

Address _____, AK _____

Has elder given Power of Attorney to another person? Yes_No_

Date given _____

Name _____

Address _____

Phone _____ Hm_Cell_Fax _____

Has it POA been revoked? Y_N_ When? _____

Does elder live with anyone else? Y_N_

*If yes; who:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Does elder have a Guardian? Y_N_

*If yes; who:

Name _____ Phone _____ Fax _____

Does elder have a Conservator? Y_N_

*If yes; who:

Name _____ Phone _____ Fax _____

Does elder have a caregiver? Y_N_

*If yes; who:

Name _____ Phone _____ Fax _____

Address _____, _____

Is the caregiver from an agency? Y_N_

*If yes; agency:

Name _____ Phone _____ Fax _____

Address _____, _____

Does elder have an Attorney? Y_N_

*If yes; who:

Name _____ Phone _____ Fax _____

Address _____, _____

Does the elder have a Physician? Y_N_

Name _____ Phone _____ Fax _____

Address _____, _____

Where does elder bank?

Name _____ Phone _____ Fax _____
Address _____, _____ Account # _____

Name _____ Phone _____ Fax _____
Address _____, _____ Account # _____

Name _____ Phone _____ Fax _____
Address _____, _____ Account # _____

Does elder have a credit card? Y_N_

*If yes: Company:

Name _____ Phone _____ Fax _____
Address _____, _____ Account # _____

Name _____ Phone _____ Fax _____
Address _____, _____ Account # _____

Does elder have a will? Y_N_

Has it been filed with the courts? Y_N_

*If yes: Where?

Name _____ Phone _____ Fax _____
Address _____, _____

Has anyone asked elder to change the will? Y_No_

*If yes who:

Name _____ Phone _____ Fax _____
Address _____, _____

Does elder have a Trust? Y_N_

Has it been filed with the courts? Y_N_

*If yes: Where?

Name _____ Phone _____ Fax _____
Address _____, _____

Who pays elder's bills?

Name _____ Phone _____ Fax _____
Address _____, _____

Does elder run out of money at the end of the month? Y_No_

Does elder regret or worry about financial decisions that have been made by him/her? Y_N_

Why or what information leads you to believe fraud is occurring?

Do you have copies of a POA, Trust, any docs to back up incident? Y_N_

REPORTER INFORMATION

Full Name _____ Agency Name _____

Mail Address _____, AK _____

Physical Address _____, AK _____

Relationship to elder _____

Home Phone _____

Cell Phone _____

Have other agencies been contacted, such as police APS? Y_N_ Date contacted _____

*If yes: who:

Name _____ Phone _____ Fax _____

Address _____, — _____

Name _____ Phone _____ Fax _____

Address _____, — _____

POTENTIAL DEFENDANT'S INFORMATION

Name _____ Phone _____

Relationship _____ DOB _____

Address _____, — _____

Name _____ Phone _____

Relationship _____ DOB _____

Address _____, — _____

Name _____ Phone _____

Relationship _____ DOB _____

Address _____, — _____

Does potential defendant limit victim's access to money? Transportation? Phone? Y_N_

*If yes; How?

Does potential defendant destroy personal belongings of victim? Y_N_

*If yes; How?

Are there any threats to physical safety of others including elder? Y_N_

*If yes; by whom:

Name _____ How: _____

Name _____ How: _____

Is there excess use of guilt or intimidation to the elder? Y_N_

*If yes; by whom:

Name _____ How: _____

Name _____ How: _____
