**Financial Exploitation Investigation: Check List**

**Victim Name: Date of Referral:**

**Case #:**

**Pre-investigation**

|  |  |
| --- | --- |
| Verify Referral | Identify Sources of Income |
| Identify Bank account(s) | Identify Assets (property, stocks, etc) |
| Home Visit | Identify if LE or ERP is Involved  Contact: |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bank/institution Name** | **Certified Records Requested** | **Account Type** | **Acct# (last 4)** | **Balance** | **Frozen** | **Name(s) on Acct** |
|  | Yes  No |  |  |  | Yes  No |  |
|  | Yes  No |  |  |  | Yes  No |  |
|  | Yes  No |  |  |  | Yes  No |  |
|  | Yes  No |  |  |  | Yes  No |  |
|  | Yes  No |  |  |  | Yes  No |  |
|  | Yes  No |  |  |  | Yes  No |  |

**Financial Records (4-6 months before exploitation and 4-6 months after)**

**Home Visit/Interventions**

|  |  |
| --- | --- |
| Victim Interview Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_ | Action/Care Plan (Victim Centered Interventions) |
| Safety/Risk Concerns: | At Risk TRO  Secure Accounts |
| Housing  Decision Making | ERP Referral  Law Enforcement Referral |
| POA | Other: |
| Other: | Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Witness Statements (Spending Patterns) | Refused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Suspect Info**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date/Time** | **Name** | **DOB** | **SSN** | **Address** | **Phone** | **Relation** | **Decision Maker** |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |

**Assessment/Staffing with Supervisor**

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

|  |  |
| --- | --- |
| Request Certified Medical Records | Memory Screen Mini-cog: \_\_\_\_\_ ANT:\_\_\_\_\_ |
| CLEARS Review by Supervisor | Capacity Eval If Indicated |
| Forensic Review | **Forensic Investigation** |

**Investigation Information**

|  |  |
| --- | --- |
| **Income Source** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Asset Type** | **FMV/Value** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Investigation Conclusion**

|  |
| --- |
| **Type of Fraud/Scheme** |
| *Telephone/Internet/Mail Schemes:*  Grandparent  IRS/Gov  Lottery/sweepstakes  Phantom Debt  Charity  Phishing/Tech Support  Romance  *Investment Schemes:*  Ponzi  Affinity Fraud  inappropriate/ fraudulent annuity sales  Unscrupulous financial advisers  *Homeowner Schemes:*  Home repair Reverse Mortgage  Mortgage Assistance  *Veteran Schemes:*  Benefit filing  Pension advance  *Theft by:*  Fiduciary  Relative  Caregiver  Other­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Other:*  Forgery  Identity Theft  Medicaid Fraud  Other: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_ |

**Total Loss: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case Report Done

Disposition Statement/Timeline Completed

WITS Completed

Case closed- Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_