



## FORM FOR THE REPORTING OF SUSPECTED FINANCIAL EXPLOITATION OF A SPECIFIED ADULT

If you reasonably believe that financial exploitation of a specified adult has occurred, is occurring, has been attempted, or will be attempted, and wish to notify the Idaho Department of Finance, please complete and submit this form to [finance@finance.idaho.gov](mailto:finance@finance.idaho.gov) and attach copies of all records relevant to the suspected or attempted financial exploitation.

### Reporting Institution and Contact Information

Name of Institution: \_\_\_\_\_

Name and Title of Reporter: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Information Regarding the Incident of Suspected Financial Exploitation:

Date of incident: \_\_\_\_\_

Name of specified adult: \_\_\_\_\_

Name, if known, of the person or business allegedly responsible for the exploitation:

\_\_\_\_\_

Please describe the incident and reasons for suspecting financial exploitation (if necessary, a blank page has been provided on page 3 of this form):

\_\_\_\_\_

## Temporary Hold on Funds

Was a temporary hold placed on the transaction? Yes/No \_\_\_\_\_

If yes, please answer the following questions.

Please provide the date you implemented the temporary hold. \_\_\_\_\_

What is the amount of the transaction in question: \_\_\_\_\_

Was oral or written notification made to (1) all parties authorized to transact business on the account; AND (2) any person eighteen (18) years of age or older authorized by the specified adult or such specified adult's legal representative, in writing, to be contacted about the specified adult's account?

Yes/No \_\_\_\_\_ Date of the notification: \_\_\_\_\_

If you answered no, please provide the reason:

\_\_\_\_\_

Pursuant to Idaho Code § 67-2763(4), a notification **SHALL NOT** be made to any person who is reasonably suspected of financial exploitation or other abuse of the specified adult.

Do you reasonably believe the temporary hold will be released within:

\_\_\_\_\_ 15 business days? \_\_\_\_\_ 30 business days? \_\_\_\_\_ Beyond 30 business days?

If you believe you will need Department approval for an extension beyond thirty (30) business days, please provide the reason(s) below:

\_\_\_\_\_

## Follow-Up

Fifteen (15) business days after the temporary hold was put in place, please complete the Follow-up Reporting Form and email it to: [finance@finance.idaho.gov](mailto:finance@finance.idaho.gov).

Please use this space as necessary to describe the incident and reasons for suspicion.

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