



**South Carolina Securities Division**  
**Vulnerable Adult Exploitation Report Form**  
*S.C. Code § 35-1-800, et seq.*

**Reporter Information**

Date

Mandated Reporter: \_\_\_\_\_

Reporter Company: \_\_\_\_\_

Reporter First Name: \_\_\_\_\_ Reporter Last Name: \_\_\_\_\_

Address (for official correspondence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Vulnerable Adult Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four-digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alleged Vulnerable Adult's Present Location (if different from the above address):  
\_\_\_\_\_

**Incident Information**

Incident Date: \_\_\_\_\_

Has Adult Protective Services Program in the S.C. Department of Social Services been notified?

Has Law Enforcement been involved? If yes, what agency? \_\_\_\_\_

Incident Type: \_\_\_\_\_

Incident Description:

Has a hold been placed on any accounts or transactions?

If yes, what date was the hold placed? \_\_\_\_\_

**Trusted Contact or Power of Attorney Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four-digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Person(s) Allegedly Exploiting a Vulnerable Adult**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four-digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Vulnerable Adult (if known): \_\_\_\_\_

Does the Person(s) allegedly exploiting the Vulnerable Adult  
have physical access to the Vulnerable Adult?

Other relevant information regarding Person(s) allegedly exploiting Vulnerable Adult:

*Please detail any further information as well as any more known parties or participants in an email to  
the division when you submit this form.*

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South Carolina Attorney General's Office  
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