

**At-risk Adult Abuse Investigation Checklist**

Case Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Victim's Name: \_\_\_\_\_ Victim's Address: \_\_\_\_\_

Known Medical Conditions? \_\_\_\_\_

Known Medications? \_\_\_\_\_

**Forms of Abuse, Neglect and Exploitation Described**

| <b>Physical Abuse</b>                   | <b>No</b>                | <b>Yes</b>               | <b>Unknown</b>           | <b>Describe (Location?Size?Odor?etc.)</b> |
|---|--------------------------|--------------------------|--------------------------|---|
| Victim's Self report                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Bruises                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Black Eyes                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Lacerations                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Ligature/Restraint Marks                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Open Wounds                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Untreated Injuries                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Injuries (in various stages of healing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Broken Bones                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Burns                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Neck Injuries                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Bite Marks                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Over/Under Medicated                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Broken Eye Glasses                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Hair Pulled Out                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Uncooperative Caretaker                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Weapons                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| <b>Sexual Abuse</b>                     |                          |                          |                          |   |
| Victim's Self Report                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Bruises-Breasts/Genital Area            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Torn/Bloody Underclothes                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Difficulty Walking/Sitting              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Sexually Transmitted Disease            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| <b>Neglect/Cruelty</b>                  |                          |                          |                          |   |
| Victim's Self Report                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Dehydration/Malnutrition                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Untreated Health Conditions             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Failure to Get Medical Care             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Failure to Provide Medications          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Failure to Provide Essential Services   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Lack of Assistive Devices               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Abandonment                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Inappropriate Clothing                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Inadequate Heating/Cooling              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Bed Sores                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Unsafe Environment                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Fleas/Lice/Roaches/Rodents              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Fecal/Urine Odor                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Fecal/Urine Stained Bedding             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Scalded Skin (from urine)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Lock/Chains on interior doors           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| <b>Emotional Abuse</b>                  |                          |                          |                          |   |
| Victim's Self Report                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Upset/Agitated                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Withdrawn/Non-responsive                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Unusual Behavior                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| <b>Financial Exploitation</b>           |                          |                          |                          |   |
| Unemployed adults reside in home        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Victim's Self Report                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Sudden Changes in Banking Habits        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| New Names on Signature Card(s)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Unauthorized Withdrawal(s)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Abrupt Changes in Will                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Disappearance of Funds/Possessions      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |
| Unpaid Bills/Adequate Funds             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                     |

**Elder Abuse Investigation Checklist**

|                                      | No                       | Yes                      | Unknown                  | Describe (Location? Size? Odor? etc.) |
|--------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <b>Financial Exploitation (Cont)</b> |                          |                          |                          |                                       |
| Forged Signature for Transactions    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Appearance of Uninvolved Relative    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Sudden Transfer of Assets            |                          |                          |                          | _____                                 |
| Unlicensed Personal Care Home        |                          |                          |                          | _____                                 |
| <b>Self Neglect</b>                  |                          |                          |                          |                                       |
| Dehydration/Malnutrition             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Lack of Medical Attention            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Unsafe Living Conditions             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Unsanitary Living Conditions         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Inappropriate Clothing               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Lack of Assistive Devices            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |
| Inadequate Housing                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                 |

**All the items listed above are RED FLAGS and could indicate abuse. If any are encountered, investigate.**

**GET PHOTOGRAPHS GET PHOTOGRAPHS GET PHOTOGRAPHS GET PHOTOGRAPHS**

*Below are examples of applicable statutes for crimes against at-risk adults- there are many others.*

*Refer to Official Code of GA Annotated for additional statutes and to ensure accuracy.*

|                                  |   |                                 |  |
|----------------------------------|---|---------------------------------|--|
| O.C.G.A. § 16-5-1                | Murder  | O.C.G.A. § 16-7-21              | Criminal Trespass  |
| O.C.G.A. § 16-5-2                | Voluntary Manslaughter  | O.C.G.A. § 16-7-23              | Criminal Damage to Property  |
| O.C.G.A. § 16-5-3                | Involuntary Manslaughter  | O.C.G.A. § 16-8-1-16-8-12       | Theft Offenses   |
| <b>O.C.G.A. § 16-5-20(e)</b>     | <b>Simple Assault (H&amp;A)</b>                                       | <b>O.C.G.A. § 16-8-12(a)(3)</b> | <b>Theft by Fiduciary (Felony – Any dollar amount)</b>                     |
| O.C.G.A. § 16-5-21               | Aggravated Assault  | O.C.G.A. § 16-8-100 et seq      | GA Residential Mortgage Fraud ACT  |
| <b>O.C.G.A. § 16-5-23(c) (g)</b> | <b>Simple Battery (H&amp;A)</b>                                       | <b>O.C.G.A. § 16-9-6</b>        | <b>Breach of Fiduciary Obligation against person who is 65 or older</b>    |
| <b>O.C.G.A. § 16-5-23.1 (j)</b>  | <b>Battery (H&amp;A)</b>  | O.C.G.A. § 16-9-20              | Deposit Account Fraud  |
| <b>O.C.G.A. § 16-5-23.1 (k)</b>  | <b>Battery (Felony) If committed by employee of licensed facility</b> | O.C.G.A. § 16-9-30              | Illegal Use of Financial Transaction Card                                  |
| O.C.G.A. § 16-5-24               | Aggravated Battery  | O.C.G.A. § 16-9-32              | Forgery of Financial Transaction Card                                      |
| O.C.G.A. § 16-5-40               | Kidnapping  | O.C.G.A. § 16-9-33              | Financial Transaction Card Fraud   |
| O.C.G.A. § 16-5-41               | False Imprisonment  | O.C.G.A. § 16-9-37              | Unauthorized Use of Financial Transaction Card                             |
| O.C.G.A. § 16-5-91               | Aggravated Stalking   | O.C.G.A. § 16-9-52              | Improper Solicitation of Money   |
| <b>O.C.G.A. § 16-5-100</b>       | <b>Protection of Elder Persons</b>                                    | O.C.G.A. § 16-9-54              | Fraudulent Telephone Solicitation  |
| <b>O.C.G.A. § 16-5-101</b>       | <b>Neglect [at-risk adults]</b>                                       | O.C.G.A. § 16-9-120             | Identity Fraud   |
| <b>O.C.G.A. § 16-5-102</b>       | <b>Exploit, Intimidate, Obstruct</b>                                  | O.C.G.A. § 16-9-121.1           | Aggravated Identify Fraud  |
| O.C.G.A. § 16-6-1                | Rape  | <b>O.C.G.A. § 10-1-393</b>      | <b>Unfair/Deceptive Practices</b>  |
| O.C.G.A. § 16-6-2                | Sodomy; Aggravated Sodomy   | O.C.G.A. § 10-1-393.6           | Unlawful Telemarketing   |
| <b>O.C.G.A. § 16-6-5.1</b>       | <b>Sexual Assault (In Licensed Facility)</b>                          | <b>O.C.G.A. § 10-1-850</b>      | <b>Unfair or Deceptive Practices Towards the Elderly</b>                   |
| O.C.G.A. § 16-6-22.2             | Aggravated Sexual Battery   | <b>O.C.G.A. § 10-5B-6</b>       | <b>Abusive Telemarketing (If targeting seniors – can double penalties)</b> |
| O.C.G.A. § 19-13-1               | Family Violence Act   | <b>O.C.G.A. § 17-3-2.2</b>      | <b>Statute of limitations is 15 years when victim &gt; 65 generally</b>    |
| <b>O.C.G.A. § 30-5-1 et seq</b>  | <b>Mandated Reporting (Community)</b>                                 | <b>O.C.G.A. § 37-1-100</b>      | <b>Misdemeanor to violate title 37</b>                                     |
| <b>O.C.G.A. § 31-8-80 et seq</b> | <b>Mandated Reporting (Facility)</b>                                  | <b>O.C.G.A. § 24-13-130</b>     | <b>Depositions to preserve testimony</b>                                   |
| <b>O.C.G.A. § 31-5-8</b>         | <b>Misdemeanor to violate title 31</b>                                |                                 |  |

**Reporting Abuse, Neglect, & Exploitation in the HOME:**  
**Adult Protective Services**  
**Central Intake: 404-657-5250 or 1-888-774-0152**

**Reporting Abuse, Neglect & Exploitation in a LONG-TERM CARE FACILITY:**  
**Healthcare Facility Regulation**  
**Central Intake: 404-657-5728 or 1-800-878-6442**