

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

Physical Abuse	No	Yes	Unknown	Describe (Location? Size? Odor? etc.)
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"/>	_____
Sexual Abuse				
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"/>	_____
Neglect/Cruelty				
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"/>	_____
Emotional Abuse				
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"/>	_____
Financial Exploitation				
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.)
Financial Exploitation (Con't.)				
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				_____
Self Neglect				
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.

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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 to 16-8-12	Theft Offenses
O.C.G.A. §16-5-20(e)	Simple Assault (H&A)	O.C.G.A. §16-8-12(a)(3)	Theft by Fiduciary (Felony – Any dollar amount)
O.C.G.A. §16-5-21	Aggravated Assault	O.C.G.A. §16-8-100 to 16-8-106	GA Residential Mortgage Fraud
O.C.G.A. §16-5-23(c) (g)	Simple Battery (H&A)	O.C.G.A. §16-9-6	Breach of Fiduciary Obligation against person who is 65 or older (Felony)
O.C.G.A. §16-5-23.1 (j)	Battery (Felony) If committed by employee of licensed facility	O.C.G.A. §16-9-20	Deposit Account Fraud
O.C.G.A. §16-5-24	Aggravated Battery	O.C.G.A. §16-9-30	Illegal Use of Financial Transaction Card
O.C.G.A. §16-5-40	Kidnapping	O.C.G.A. §16-9-32	Forgery of Financial Transaction Card
O.C.G.A. §16-5-41	False Imprisonment	O.C.G.A. §16-9-33	Financial Transaction Card Fraud
O.C.G.A. §16-5-91	Aggravated Stalking	O.C.G.A. §16-9-37	Unauthorized Use of Financial Transaction Card
O.C.G.A. §16-5-100	Protection of Elder Persons – definitions	O.C.G.A. §16-9-52	Improper Solicitation of Money
O.C.G.A. §16-5-101	Neglect [at-risk adult] by Caregiver	O.C.G.A. §16-9-54	Fraudulent Telephone Solicitation
O.C.G.A. §16-5-102	Exploit, Intimidate, Obstruct	O.C.G.A. §16-9-120	Identity Fraud
O.C.G.A. §16-5-102.1	Trafficking of an at-risk adult	O.C.G.A. §16-9-121.1	Aggravated Identify Fraud
O.C.G.A. §16-6-1	Rape	O.C.G.A. §10-1-393	Unfair/Deceptive Practices
O.C.G.A. §16-6-2	Sodomy; Aggravated Sodomy	O.C.G.A. §10-1-393.6	Unlawful Telemarketing
O.C.G.A. §16-6-5.1	Sexual Assault (In Licensed Facility)	O.C.G.A. §10-1-851	Unfair or Deceptive Practices (at-risk adults) Additional Civil Penalty
O.C.G.A. §16-6-22.2	Aggravated Sexual Battery	O.C.G.A. §10-5B-6	Abusive Telemarketing (If targeting at-risk adults - can double penalties)
O.C.G.A. §19-13-1	Family Violence Act	O.C.G.A. §17-3-2.2	Statute of limitations is 15 years when victim > 65 generally
O.C.G.A. §30-5-1 et seq	Mandated Reporting (Community and Facility)	O.C.G.A. §31-7-12.1	MISD - own/operate UnlicPCH first offense. FEL= In conjunction with ANE
O.C.G.A. §31-5-8	Misdemeanor to violate title 31	O.C.G.A. §24-13-130 (b)	Depositions to preserve testimony – 72+ years old.

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