

## Medical Records

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|------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Emergency room        | <input type="checkbox"/> X-rays                                                              |
| <input type="checkbox"/> Treating physician(s) | <input type="checkbox"/> Social workers' notes                                               |
| <input type="checkbox"/> Nursing facilities    | <input type="checkbox"/> Adult Protective Services (APS) records of current & prior contacts |
| <input type="checkbox"/> Pharmacy              | <input type="checkbox"/> Other                                                               |
| <input type="checkbox"/> Dentist(s)            |                                                                                              |
| <input type="checkbox"/> Prescriptions         |                                                                                              |
| <input type="checkbox"/> Lab reports           |                                                                                              |
| <input type="checkbox"/> Nurses' notes         |                                                                                              |

## Legal Records

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All law enforcement contacts with involved parties and witnesses, including:

- Physical inventory checklist (Elder Abuse First Responder Checklist)
- 911 tapes
- Arrest reports
- Criminal histories
- Jail records, including:
  - Phone calls
  - Visitor logs by or on behalf of suspects

## Testimony & Background Evidence

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- Psychological/psychiatric evaluation of victim (when consent, undue influence, or capacity may be an issue)
- Victim testimony or deposition with full-cross examination, as soon as possible after charging
- Videotape the victim at the early stage of the investigation, including the following:
  - Orientation (how does the victim perceive time and place)
  - Victim testifying to consent
  - Victim naming identity of suspect
  - Victim signing his/her name in video to compare to signature on questioned documents (financial abuse)
  - Impact of crime (video record a walk-through of neglect or abuse crime scene, if possible)

## Consultation with Experts

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|-----------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Handwriting analysts                         | <input type="checkbox"/> Wound care experts |
| <input type="checkbox"/> Geriatricians                                | <input type="checkbox"/> Medical examiner   |
| <input type="checkbox"/> Forensic accountants                         | <input type="checkbox"/> Civil attorneys    |
| <input type="checkbox"/> Geriatric psychologists<br>and psychiatrists |                                             |

## Interviews

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Witnesses who can describe the victim's condition, activities, and level of functioning and interaction with the defendant at time of incident and before. Describe changes over time.

Possible witnesses:

- Family and friends
- Acquaintances/social
- Banking/financial
- Medical providers (prior and current)
- Hair stylists/barbers
- Faith community
- Local businesses
- Neighbors
- Adult day care services
- Social services (Meals on Wheels, etc.)
- Adult Protective Services
- Payees for expenses the suspect paid with the victim's money
- Civil attorneys
- Delivery personnel
- Postal carriers
- Meter readers

## Financial & Legal Records

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|-----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Credit card records        | <input type="checkbox"/> Prior civil cases                      |
| <input type="checkbox"/> Investment account records | <input type="checkbox"/> Court/protection orders                |
| <input type="checkbox"/> Credit reports             | <input type="checkbox"/> Wills and trusts                       |
| <input type="checkbox"/> Suspect's bank records     | <input type="checkbox"/> Property deeds                         |
| <input type="checkbox"/> Victim's bank records      | <input type="checkbox"/> Conveyances                            |
| <input type="checkbox"/> Checkbook registers        | <input type="checkbox"/> Advanced care directives/living wills  |
| <input type="checkbox"/> Powers of attorney         | <input type="checkbox"/> Guardianship/conservatorship documents |

## Physical Evidence

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Crime scene photos and video, including, if relevant:

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|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Suspect's living area                                                                    | <input type="checkbox"/> Defendant's and victim's ISP records                                                                                                                                                                                                                       |
| <input type="checkbox"/> Victim's living area                                                                     | <input type="checkbox"/> Defendant's computer, flash drives, etc.                                                                                                                                                                                                                   |
| <input type="checkbox"/> Major new purchases made by the suspect                                                  | <input type="checkbox"/> Legal file from victim's civil attorney                                                                                                                                                                                                                    |
| <input type="checkbox"/> Victim's body                                                                            | <input type="checkbox"/> Assistive devices (or lack thereof)                                                                                                                                                                                                                        |
| <input type="checkbox"/> Injuries over time                                                                       | <input type="checkbox"/> Nutritional supplements                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Other signs of neglect                                                                   | <input type="checkbox"/> Receipts for purchases                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Clothing victim was wearing at time of incident<br>(include undergarments if applicable) | <input type="checkbox"/> Restraints and bindings                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Bedding                                                                                  | <input type="checkbox"/> Checkbooks, check registers                                                                                                                                                                                                                                |
| <input type="checkbox"/> Locks on outside of doors                                                                | <input type="checkbox"/> Contents of refrigerator, cupboards, medicine cabinets (include actual<br>bottles/containers for prescriptions to show physician and pharmacy,<br>possession and full/empty status given recommended dosage over time<br>from the date of the last refill) |
| <input type="checkbox"/> Writings/journals/letters                                                                |                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Photos and videos related to conduct                                                     |                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Address books and calendars                                                              |                                                                                                                                                                                                                                                                                     |