

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

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

- 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
and psychiatrists | |

Interviews

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

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
(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
bottles/containers for prescriptions to show physician and pharmacy,
possession and full/empty status given recommended dosage over time
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 | |