

NOTE TO APS: This letter should accompany the template form to the financial institution. If you are sending the request to a national organization's central subpoena processing unit just send the form without the letter.

Agency Letterhead

Date

Financial Institution's Name and Address

Dear [Financial Institution Fraud Dept. / Professional]:

I would like to introduce myself and my agency, Adult Protective Services (APS) [full name and location – e.g., if in a regional office, indicate that information].

APS is a state [county/other] agency which is authorized under [state statute XXX, provide full citation] to carry out investigations of reported elder and vulnerable [dependent/at-risk] abuse, neglect and financial exploitation.

When investigating financial exploitation, the investigator must review the client's financial records in a timely manner, with or without the client's consent. Whenever possible, APS obtains the client's consent. However, even without client consent, APS is authorized under the Gramm-Leach-Bliley Act to obtain a customer's financial records because APS has authority to conduct civil investigations, which include reviewing records, in order to prevent actual or potential frauds such as elder financial exploitation.

To further encourage financial institutions to work with APS and government regulators, in order to protect the safety and assets of older adults, in 2018 the *Senior Safe Act* was enacted into law, which provides immunity from liability to financial services professionals who provide information to government officials or law enforcement authorities, provided they have been trained to detect and report suspected elder exploitation.

Please see the attached standard form created for APS to request a client's financial records. On the reverse side is the Gramm-Leach-Bliley Act language setting forth the exceptions cited above, and also the [your state] APS statutory language regarding APS' authority to conduct civil investigations of elder/vulnerable adult financial exploitation.

Upon receipt of this form from an APS investigator, we hope that you or your staff will promptly provide the requested records so that a full investigation can be conducted within the program's deadlines. This will help to stop the financial losses to the client and financial institution, and will help APS take other measures to protect the client's overall well-being.

We look forward to working with you and your staff to protect the assets and well-being of your customers who have been referred to APS for alleged financial exploitation. If you have any questions or would like to discuss this further, please contact me at _____.

Sincerely,

[Signature]

[Your name]

[Title]