

ElderAngels Contact Sheet

Print this form and send to:

ElderAngels
P.O. Box Box 882
Pacifica, CA 94044

Date _____

•Type of Crime

Sweetheat Scam Caregiver theft Home Improvement Securities Fraud
Telemarketing Theft by Family member Other _____

•Reportee _____

Address _____

Phone _____ Fax _____ Other _____

Relationship to victim _____

•Victim name _____

Address _____

Phone # _____ Date of Birth/Age _____

SS# _____ Own home: Yes No

Medical Info _____

Mental Status Alzheimer Dementia Memory Loss Other _____

Physician _____ Phone # _____

Permission to Contact Yes No

Next of Kin #1 _____ Phone _____

Next of Kin #2 _____ Phone _____

Permission to Contact Yes No

• Agencies/Professionals Previously Notified:

District Attorney _____ Police Agency _____

APS _____ Conservator _____

Attorney _____ Other _____

•Suspect _____ DOB _____ Age _____

Address _____

Description _____

Additional Suspects _____

•Estimated Loss: Property _____ Money _____

Other _____

• Evidence: Documents _____ Cancelled checks _____

Will _____ Other _____

• Witnesses:

#1 Name _____

Address _____ Phone _____

#2 Name _____

Address _____ Phone _____

• Case Information:

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