



FEPA FINANCIAL INSTITUTION NOTICE TO PROSECUTOR

In accordance with the Financial Exploitation Prevention Act (FEPA), MCL 400.1 et. seq.

Date:

Financial Institution & Contact Name:	
Phone:	Email:

Adult Protective Services, Law Enforcement, and Prosecutor Contact	
I attempted to contact: <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Law Enforcement (provide name of agency):	
Date(s) contact attempted:	Method of contact:
Were you able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If contact was made, was written notification received within 10 business days of whether the matter was referred to law enforcement or an investigation was opened? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other notification concerns:	
Previous contact with Prosecutor: <input type="checkbox"/> Yes <input type="checkbox"/> No When:	

Description of Observed Activity
Victim name, address, and phone (if known):
Alleged perpetrator name, address, and phone (if known):
Relationship between victim and alleged perpetrator (if known):
What was observed (alleged covered financial exploitation noted)? Attach additional sheets if necessary.

Prosecutor Contact Information
I am using the PAAM directory to contact the prosecutor in _____ county.
I am contacting this prosecutor's office because: <input type="checkbox"/> Victim's county of residence or <input type="checkbox"/> Victim's residence is unknown, but the alleged covered financial exploitation occurred in this county.
I am sending this notification by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Hand-delivery (do not mail).
<i>Note: If sending notification by fax or email, request the prosecutor's confirmation of receipt.</i>

Attorney General Notice
A copy of this notification may be sent to the Department of Attorney General by:
<input type="checkbox"/> Fax 517-335-3098 or <input type="checkbox"/> Email AG-CID@michigan.gov