



OFFICIAL REQUEST FOR CUSTOMER FINANCIAL RECORDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING SERVICES

SFN 874 (3-2023)

Pursuant to NDCC 50-25.2

Name of Adult Protective Services Worker

I, the above-named, operating under the laws North Dakota, am conducting an authorized investigation of alleged financial exploitation of a vulnerable adult as defined in North Dakota Century Code 50-25.2.

I hereby request the following records to be sent securely:

Records From		Date Requested	
For All Accounts Relating To	Date of Birth	Tracking or Case Number (if needed)	
For the Period			
From:		To:	
Records to Include (check all that apply):			
<input type="checkbox"/> Statements for ALL accounts, including but not limited to: checking, savings, money market, certificates of deposit, investments, insurance, other holdings.			
<input type="checkbox"/> Copies of all deposits and withdrawals from the account (s), including but not limited to: checks (front and back) and any offsets, ACHs, wires, transfers, instructions, securities/certificates and transaction requests.			
<input type="checkbox"/> Account opening and closing documentation, new account forms for all accounts, including view/read-only accounts, insurance applications and Trusted Contact Person(s), all Power of Attorney documents and signature cards. Please include these even if out of timeframe requested.			
<input type="checkbox"/> Statements for any loans, lines of credit, credit cards, pledged assets and copies of any cash advances or cash advance recalls.			
<input type="checkbox"/> Other (if not included in the above): _____			
To facilitate a timely investigation provide records on or before this date:			

I pledge to securely safeguard all client and related financial institution information provided in order to protect the customer's and institution's privacy.

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information." NDCC 9-16

Signature		Telephone Number	
Title	Email Address		
Agency			
Address	City	State	ZIP Code

Note: The information contained in these materials is for informational purposes only and not for the purpose of providing legal advice. If parties have questions regarding their obligations concerning the matters discussed in this material they should seek advice from their own legal counsel.

North Dakota Century Code 50-25.2 Vulnerable Adult Protective Services

Vulnerable Adult Protective Services is properly authorized under the state statute cited above to carry out civil investigations of vulnerable adult abuse, neglect, and exploitation.

50-25.2-12. Confidentiality of records - Authorized disclosures. All reports made under this chapter and all records and information obtained or generated as a result of the reports are confidential, but must be made available to:

- Authorized staff of the department or the department's designee, law enforcement agencies, and other agencies investigating, evaluating, or assessing the report or providing adult protective services.