

FALSE Complaint - Dismissed

ID NUMBERS:
SOCIAL SECURITY _____
MEDICAID _____
MEDICARE _____
VETERANS _____
OTHER _____
PHYSICIAN _____

KNOWN IMPAIRMENTS:
HEARING _____
VISUAL _____
BEDRIDDEN _____
OTHER _____
TELEPHONE _____

ALLEGED PERPETRATOR INFORMATION

NAME: Bill, Susan and Jan Mull, Lou ID# 30692
ADDRESS: Lafayette (984, 2702) New Orleans (504, 467, 9203) MI
STREET CITY/STATE ZIP CODE TELEPHONE
RELATIONSHIP TO CLIENT: _____
IS THIS A POTENTIALLY DANGEROUS SITUATION FOR THE WORKER? YES _____ NO _____
IF YES, HOW? _____

CAREGIVER/COLLATERAL CONTACTS

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
Ruby Bell	daughter		893-5754
Ray Bell	son	Baton Rouge	225/261-3775
* Oct. Miller	daughter-in-law		856-9768
* J. de Berman	atty. for Ruby & Paula Bell	P.O. 57306 La. 70505	233-0300
Madra Branderis	atty. for Lou Bell		504-367-8181

DISPOSITION OF REPORT: FOR OFFICE USE ONLY

REPORT ACCEPTED: YES _____ NO _____ REFERRED TO ANOTHER AGENCY? no
IF SO, NAME OF AGENCY: n/a
RESPONSE PRIORITY ASSIGNED: _____ HIGH MEDIUM _____ LOW _____
COMMENTS: There is speculation that client's interdiction was not done on the "up & up". Client lives alone.
CASEWORKER ASSIGNED: Wendy Breath
DATE: 7/5/02 TIME: 4 PM
CASE FILE NUMBER: # 2284

PROGRAM DIRECTOR: NEWMAN S. BRAUN

EXHIBIT
tabler
C61

See

C. RISK OF HARM LOW ✓ MED _____ HIGH _____

D. ADULT CAPACITY TO MAKE INFORMED DECISIONS

ADEQUATE ✓ INADEQUATE, MENTAL CAPACITY ASSESSMENT NEEDED _____

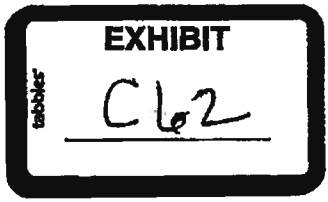
V. INVESTIGATION DECISION

ACTION TAKEN

- _____ SUBSTANTIATED, CONSENTS
- _____ SUBSTANTIATED, LACKS CAPACITY 7/29/02 CASE CONT'D FOR SERVICES
- _____ SUBSTANTIATED, NO SERV. NEEDED 7/29/02 CASE CLOSED
- _____ SUBSTANTIATED, COMPETENT/REFUSES
- ✓ UNSUBSTANTIATED 7/29/02 DATE INVES. COMPL
- _____ UNSUBSTANTIATED, WITH CONCERNS 7/29/02 DATE REPORTER NOTIFIED
- _____ DECEASED



VI. TENTATIVE PLAN TO PROTECT ADULT



DATE 7/29/02 CASEWORKER James Chapman

DATE 9/2/02 SUPERVISOR J. Cooper