

## El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V010474 05  
 Voucher Total: \$50.00  
 No. of Lines: 1  
 T/C Hash : 200

Single Check (Y/N): \_\_\_\_\_  
 Date Entered: 05/08/2008  
 Entered by: BO

Preparer's Initials: BO  
 Amount Spelled: FIFTY DOLLARS AND NO CENTS

Vendor Name: TARRANT COUNTY

Street: P.O. BOX 11481

City, State, Zip: FORT WORTH, TX 76110

Subject: REG, GABRIELLA EDWARDS, 05/15-16/08, ARLINGTON, T

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	200	50.00	CACOMM	6705				
	Desc: REG, GABRIELLA EDWARDS, 05/15-16/08, ARLINGTON, T							
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

Prepared by: AUDITORS-MAYRA C. HERNANDEZ TCAUD47 Date: 05/08/2008

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please Hold check



VO10474-08

PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

**County of El Paso  
Travel Request Form**

Travel Type: **REGISTRATION**

Company Name:	TARRANT COUNTY APS BOARD	Department:	County Attorneys Office
Date of Trip: Departure	05/15/08	Arrival Date:	05/16/08
		Destination:	Arlington, TX
* Purpose of Trip:	Registration fee for Gabriella Edwards to Attend Subtle Stealing: Elders Losing Everything Through Undue Influence conference		
* Use of <b>GADMINGF</b> Funds requires legislative impact explanation			
Department Index:	CACOMM	Sub-Object:	6705

**Section 1: Guidelines for Determining Meal Rates Allowance** MOVE ARROW

*Please Check One (Departure meal rate)*

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

*Please Check One (Return meal rate)*

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

\* \$35.00 per diem no receipts required  
\* (Note: Please use the items checked above to fill out section 2 below)

**Section 2: Travel Estimated Breakdown**

* CC CREDIT CARD EXPENSE BREAKDOWN		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	50.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
<b>TOTAL</b>	<b>\$50.00</b>	<b>\$0.00</b>

**FOR AUDITOR'S USE ONLY**

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: \_\_\_\_\_

Subsidiary: \_\_\_\_\_

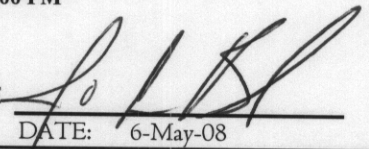
Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  Y/N

**Section 3: Signature and List of Names:**

REGISTRATION AMOUNT:	\$50.00	CC	\$0.00
Name: _____	NaC Name: _____		
Name: _____	Name: _____		
Name: _____	Name: _____		
Name: _____	Name: _____		
Name: _____	Name: _____		

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE **TUESDAY 12:00 PM**

SIGNATURE:   
DATE: 6-May-08

C.C.O. DATE \_\_\_\_\_

30-May-08

# El Paso County Travel Justification Form

SUPERVISOR

Name: Gabriella A. Edwards Signature [Signature] Date: 5-5-08

Dept: EPW Job Title: Unit Team Chief EPOU

Travel Funding Source:  County  Grant  Other

Will any funds be reimbursed by another entity? NO

Travel Account No.: \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

Purpose: (check one)

**Statutorily Required Training to Hold Elective Office**

Statute Reference: \_\_\_\_\_  
My elective office requires \_\_\_\_\_ number of training hours per \_\_\_\_\_ months. I  
have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course? \_\_\_\_\_

**Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)

**Additional Professional or Technical Training NOT Required to  
Maintain License/Certification**

**Travel for Lobbying/Advocating Before Federal/State Legislature,  
Federal/State Agency, or Other Regulatory Body, Including Grant  
Application Advocacy**

Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_

**Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_

**Program Development Training**  
Explain: \_\_\_\_\_

**Travel to Professional, County, or Elected Officials' Organization  
Meeting/Convention**  
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_

**Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

**Other:** CLE - Pending

**REGISTRATION (This form may be duplicated.)**

Name Gabriella Edwards  
 Organization/Company El Paso County Attorney  
 Title/Position Trial Team Chief  
 Address 500 E. San Antonio, Rm 503  
 City El Paso State TX Zip 79901  
 Phone 915546-2153 E-mail Gabriella.Edwards@eca.epcounty.com

Do you plan to attend the Pre-Conference Intensive on May 15?  Yes  No

Do you plan to attend the reception on May 15?  Yes  No

**REGISTRATION FEE: (Please check one)**

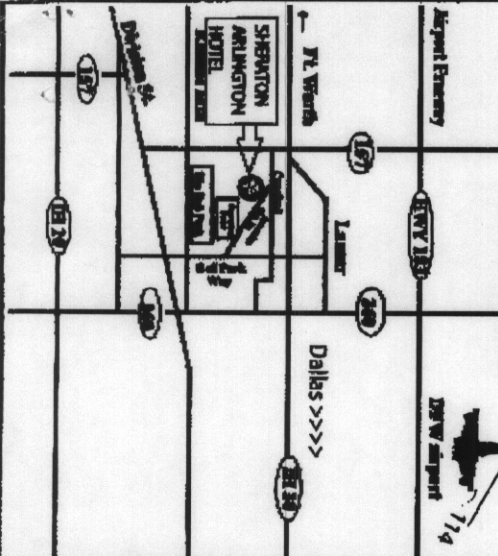
\$25 APS Staff & Seniors 60 and older  
 \$50 Professionals (Includes Accreditation)  
 \$15 Late Fee After May 5<sup>th</sup>  
 Total Amount Enclosed \$ 5000

Please make checks payable to:  
**TARRANT COUNTY APS BOARD**  
**PO Box 11481, Fort Worth, TX 76110**

**HOTEL INFORMATION**  
 Arlington Sheraton Hotel  
 1500 Convention Center Drive  
 Arlington, TX 76011  
 1-800-442-7275

Please contact the hotel directly for reservations.  
 The deadline for reserving a room at the special conference rate of \$85/night is April 16, 2008.

**LOCATION/MAP**



Presort Standard  
 U.S. POSTAGE  
**PAID**  
 FT WORTH, TX  
 Permit No. 999

Tarrant County APS Board  
 PO Box 11481  
 Ft. Worth, TX 76110

**SUBTLE STEALING**

**ELDERS LOSING EVERYTHING THROUGH UNDUE INFLUENCE**

**SUBTLE STEALING**

**ELDERS LOSING EVERYTHING THROUGH UNDUE INFLUENCE**

**PRESENTED BY THE DALLAS & TARRANT COUNTY COMMUNITY / BOARDS & PARTNERS**

**MAY 15-16, 2008**  
**ARLINGTON SHERATON HOTEL**

# SUBTLE STEALING: ELDERS LOSING EVERYTHING THROUGH UNDUE INFLUENCE

## CONFERENCE AGENDA

### MAY 15

#### 4:00-5:30 PM. PRE-CONFERENCE INTENSIVE

*Wipeable Adults: Where to go for Help*

**Mary Brown**, Advocacy Center for the Elderly/Dallas Area Agency on Aging  
**Chiffon Okuda, RN, BAAS**, Geriatric Case Manager, Senior Outreach Services, Parkland Health & Hospital System  
**Lue Telf, LMSW**, Director, Elder Support Program, The Senior Source  
**Marilu Tharrn**, Geriatric Caseworker, City of Dallas Crisis Intervention Unit  
**Rozamary Redmond, J.D.**, Carlisle Street Legal Center

6:00-8:00 PM. RECEPTION

### MAY 16

8:00—9:00 Registration and Continental Breakfast

#### General Sessions

9:00—10:00 *Creating an Abuser: Emotional, Psychological, & Spiritual Considerations*

**Dr. Bennett Blum**

10:00—10:30 *Break / Visit Exhibitors*

10:30—11:45 *Adult Protective Services: Community Collaboration*

**Valerie Jackson, MSW**, Program Administrator, Adult Protective Services

Lunch 11:45—1:00 (Lunch Included with Registration)

#### Breakout Sessions 1:00—2:15

*Older Adults and Undue Influence: What is Our Ethical Response as Professionals?*

**Jane Hunley, MSSW**, Director, Geriatrics, Parkland Health & Hospital System and  
**Jane Ann McGea, LCSW, ACSW, CMC**, Social Worker, Parkland Health & Hospital System

*How to Identify Fraud and Financial Exploitation*

**Tonya Harlan**, Assistant DA, Tarrant County; **Charles Kennedy**, Attorney at Law; **Rajina Shaw**, Exploitation Specialist, Adult Protective Services; **Detective Bobby Wood**, Fort Worth Police Department

*Understanding Undue Influence* **Dr. Bennett Blum**

#### Breakout Sessions 2:30—3:45

*Clinical Pearls: Screening, Assessment, Interventions and Prevention of Elder Abuse and Neglect*

**Margaret Basillakis, D.O.**, President of Family Geriatrics; **Cathy Torres, LBSW, MHSW**, Social Services Coordinator, Geriatric Assessment Program, University of North Texas Health Science Center

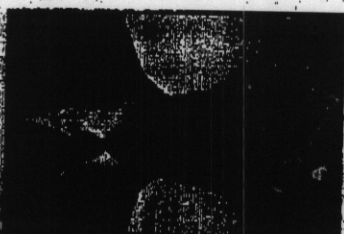
*Protecting Your Identity* **David Leopard**, Former FBI Agent

*Understanding Undue Influence* **Dr. Bennett Blum**

**Dr. Bennett Blum**

**Bennett Blum, M.D.** is an internationally acclaimed physician specializing in both forensic psychiatry and geriatric psychiatry. He is an expert on the evaluation of undue influence - including the manipulation tactics, coercion and psychological conditions used by offenders to abuse and exploit others. His pioneering assessment techniques in the areas of undue influence, mental capacity, and competency are taught throughout much of the Western Hemisphere.

**Dr. Blum** provides consulting and litigation services worldwide.



### Accreditation

#### SPONSORS

#### SILVER

- American Physician Housecalls
- Jackson Walker LLP

#### BRONZE:

- City of Dallas
- Area Agency on Aging - Tarrant County
- Sue Holland
- Hospice Plus
- Palmer Community of Care
- Southwest Hearing Management Corporation
- TXU
- Emercare
- National Council of Jewish Women