



Date: _____

Client Information:

Assigning Rep:	Phone: _____ Ext: _____	Email: _____
Company:	Mailing Address: _____	
Attorney:	Mailing Address: _____	
Case Name:	Claim Number: _____	Budget: _____
Who/Which party does client represent?	Bill To: _____	Address Report To: _____

Report Handling:

Email Mail Fax: _____

Special Notes:

Call to discuss before proceeding Investigator to status client from field

Client Information:

- Litigation Support
- Workers' Compensation
- Liability
- Other insurance
- Corporate/Workplace
- Background
- Locate
- Asset
- Surveillance
- Activity Check
- Live & Well Check
- Threat Assessment
- Site Investigation
- Hospital/Pharmacy/Physician Search
- Service of Process
- Domestic
- Heir Search
- Document Retrieval
- Cyber Investigation
- Due Diligence
- Other *
- Subject Represented?
- Rush?
- Deposition Taken?
- Prior Investigation?

Subject Information: (multiple subjects use separate forms)

Subject Name: _____

Subject Address: _____

Phone Number: _____

Social Security: _____

Date of Birth: _____

Driver's License No. / State: _____

Subject's Occupation: _____

Next Medical Appointment: _____

Treating Physician / Address: _____

Specific Injuries / Limitations: _____

Height: _____ Hair Color: _____ Sex: _____

Weight: _____ Race: _____ Have Photo?

Other Physical Descriptors: _____

Married: _____ Kids: _____ Vehicle: _____

Date of Loss: _____

Secure:

Police/Traffic Collision Report Personnel File Medical Authorization Medical Records Other Records

Important Dates:

Trial / Hearing: _____
 Decision Date: _____

Video Format:

DVD CD-ROM VHS

*** Special Instructions:**