

Investigation Assignment Request

Client Information:
Name: _____ **Company:** _____ **Claim No.:** _____
Address: _____ **Phone No.:** _____
Work Address: _____ **Phone No.:** _____
Other Address: _____ **Phone No.:** _____

Attorney Information:
Name: _____ **Contact:** _____
Address: _____ **Phone No.:** _____

Subject Information:
Name: _____ **SSN:** _____ **DOB:** _____
Race: _____ **Height:** _____ **Weight:** _____ **Eyes:** _____ **Hair:** _____
Address: _____ **Phone No.:** _____
Prior Address: _____
Job/Address: _____ **Occurance Date:** _____
Injury/Loss: _____
Other Information: _____
Attorney: _____ **Phone No.:** _____

- | | | |
|------------------------------|------------------------------------|---------------------------|
| <u>INVESTIGATION</u> | <u>INTERVIEW / STATMENT</u> | <u>OBTAIN</u> |
| () Asset Search | () Employee | () WCAB Records |
| () Background Investigation | () Co-Workers | () Personnel Records |
| () Surveillance/Undercover | () Witness(es) | () Wage Records |
| () Missing Person | () Employer | () Medical Records |
| () Personal Injury | () Supervisor | () Medical Authorization |
| () Process Service | () Doctor(s) | () Physical Evidance |
| () Criminal | () Third Party | () Police Reports |
| () Other _____ | () Police Officer(s) | () Death Certificate |
| | () Other _____ | () Other _____ |

Rush
Less than 5 days: _____
 Standard (10 days)
Need by: _____

Call Before
Commencing Assignment
Phone: _____

Special Instructions:

