| **CLIENT INFORMATION** |
| --- |
| Full Name: |  |
| Street Address: |  |
| State/City/Zip:  |  |
| Company: |  |
| Position: |  |
| D.O.B:  |  |
| Home Phone: |  |
| Fax: |  |
| Mobile:  |  |
| Email:  |  |
|  S.S.N:  |  |
| Drivers License #: |  |
| Relationship to Subject: |  |
| Attorney Name: |  |
| Attorney Address: |  |
| Attorney Phone: |  |
| Attorney Fax: |  |

| **BUDGET FOR CASE** |
| --- |
| What is the budget for this case? | **Days/ Hours Assigned** |
| **$XX.XX** |  |

| **CASE OVERVIEW (Place an X in the correct field)** |
| --- |
| **Investigations Type** | **Interview/Statements** | **Obtain** |
| Asset Search |  | Employee |  | WCAB Records |  |
| Background |  | Co-Workers |  | Personnel Records |  |
| Criminal |  | Witnesses |  | Wage Records |  |
| Missing Person |  | Employer |  | Medical Records |  |
|  Personal Injury |  | Supervisor |  | Medical Authorization |  |
| Process Service |  | Doctors(s) |  | Physical Evidence |  |
| Skip Trace |  | Third-Party(s) |  | Police Reports |  |
| Surveillance |  | Police Reports |  | Death Certificate |  |
| Undercover |  | Other |  | Birth Certificate |  |
| Workers Compensation  |  |  |  | Other |  |
| Child Custody |  |  |  |  |  |

| **Case Objectives** |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

| **DUE DATE** |
| --- |
| If this case has a due date, when does this case need to be completed? If this case needs to be completed within 72 hours of the submission of this form you will be billed 1.5 times our regular hourly rate.  |
| **Date:** XX/XX/XXXX |  |

| **ADDITIONAL CASE NOTES** |
| --- |
|  |

| **PRIMARY SUBJECT INFORMATION** |
| --- |
| Full Name |  |
| Street Address: |  |
| State/City/Zip:  |  |
| D.O.B:  |  |
| Home Phone #: |  |
| Mobile:  |  |
|  S.S.N:  |  |
| Drivers License:  |  |
| Vehicle License & Description: |  |
| Physical Description |

| Gender: | Race: | Age: | Height: | Weight: | Hair: | Eyes: |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |

| **SUBJECT 2’S INFORMATION** |
| --- |
| Full Name |  |
| Street Address: |  |
| State/City/Zip:  |  |
| D.O.B:  |  |
| Home Phone #: |  |
| Mobile:  |  |
|  S.S.N:  |  |
| Drivers License:  |  |
| Vehicle License & Description: |  |
| Subject 2’s Details |

| Gender: | Race: | Age: | Height: | Weight: | Hair: | Eyes: |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |

| **SUBJECT 3’S INFORMATION** |
| --- |
| Full Name |  |
| Street Address: |  |
| State/City/Zip:  |  |
| D.O.B:  |  |
| Home Phone #: |  |
| Mobile:  |  |
|  S.S.N:  |  |
| Drivers License:  |  |
| Vehicle License & Description: |  |
| Subject 3’s Details |

| Gender: | Race: | Age: | Height: | Weight: | Hair: | Eyes: |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |

| **SUBJECT 4’S INFORMATION** |
| --- |
| Full Name |  |
| Street Address: |  |
| State/City/Zip:  |  |
| D.O.B:  |  |
| Home Phone #: |  |
| Mobile:  |  |
|  S.S.N:  |  |
| Drivers License:  |  |
| Vehicle License & Description: |  |
| Subject 4’s Details |

| Gender: | Race: | Age: | Height: | Weight: | Hair: | Eyes: |
| --- | --- | --- | --- | --- | --- | --- |
| Male | White | 52 | 5’ 11” | 250lbs | Brown | blue |

 |