

Detective Connect LLC

Phone: 877 202 9064 Fax: 877 202 9065

INVESTIGATION REQUEST FORM

Client Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Ext./Direct Line: _____
Your Fax No.: _____
Attention: _____
E-Mail: _____

Date: _____
Court: _____
Case No.: _____
Case Title: _____
Claim/File No.: _____
Date of Loss: _____

Please check the Searches & Services required:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asset – Level 1 | <input type="checkbox"/> Real Property Search | <input type="checkbox"/> Statements & Interviews |
| <input type="checkbox"/> Asset – Level 2 | <input type="checkbox"/> Employment Search | <input type="checkbox"/> Surveillance - Domestic |
| <input type="checkbox"/> Asset – Level 3 | <input type="checkbox"/> Pre Employment Background | <input type="checkbox"/> Surveillance – Activity Check |
| <input type="checkbox"/> Address Verification | <input type="checkbox"/> Background Investigation | <input type="checkbox"/> GPS Rental / Tracking |
| <input type="checkbox"/> Locate – Basic Skip Trace | <input type="checkbox"/> Criminal Records Search | <input type="checkbox"/> Public Records Retrieval |
| <input type="checkbox"/> Locate – Extensive Skip Trace | <input type="checkbox"/> Civil Records Search | <input type="checkbox"/> International Investigations |
| <input type="checkbox"/> Locate – Due Diligence | <input type="checkbox"/> Other _____ | |

TYPE: Individual Business

Subject Information

Please complete the Subject Information as completely as possible. Results are based on information provided.

Full Name: _____ Spouse: _____
AKA's: _____ Date of Birth: _____ Subject: _____ Spouse: _____
Business Name: _____ Check if Known: Corporation Partnership DBA
Last Known Residence: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Last Known Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Employed By: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security Nos.: Subject: _____ - _____ - _____ Spouse: _____ - _____ - _____
Dirver's License Nos.: Subject: State _____ # _____ Spouse: State _____ # _____
Business Tax ID No.: _____

Please attach copies of credit application, police report, or any other pertinent information. Remember, the more information we possess, the greater the probability of our success.

I agree that the above services will be provided for a fee of \$ _____.

I agree that the information provided above is accurate to the best of my knowledge and I authorize Detective Connect LLC to provide the above listed services. _____

Client Signature

By signing or submitting this form, you agree to the terms and conditions and privacy policy of this website.

www.detectiveconnectllc.biz