



Private Detective Services

Private Investigators and Process Servers

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: _____ - _____ - _____
 Driver'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. Provide spousal information when available.

I agree that the above services will be provided for a fee of \$ _____. I agree that there will be a cancellation fee of \$ _____ for all investigation assignments. I agree that the information provided above is accurate to the best of my knowledge and I authorize Private Detective Services 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.

CA PI License 6103

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