

# C3 Detective Agency Investigative Request

FAX # 877-400-6787

Client Name \_\_\_\_\_ Phone \_\_\_\_\_  
Company \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip Code  
Fax \_\_\_\_\_

## **Service Requested**

Surveillance  Background Check  
 Neighborhood/ Activity Canvass  Other \_\_\_\_\_  
Date \_\_\_\_\_ Completion Date \_\_\_\_\_  
Claim # \_\_\_\_\_ Video/Format: CD \_\_\_\_\_ DVD \_\_\_\_\_

## **Subject Information**

Injury \_\_\_\_\_  
Restrictions \_\_\_\_\_  
Name: \_\_\_\_\_

Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone # \_\_\_\_\_ Cellphone # \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F  
Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Additional Description \_\_\_\_\_  
Single/Married Spouse's Name \_\_\_\_\_  
Dependents/ Ages \_\_\_\_\_

## **Vehicles**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Current Employer \_\_\_\_\_  
Current Employment Address \_\_\_\_\_  
Street City State Zip Code

Occupation Hours and Days? \_\_\_\_\_  
Is Subject Represented? Y / N Attorney's Name \_\_\_\_\_  
Attorney's Address \_\_\_\_\_  
Street City State Zip Code

Hearing/ Trial Date/Location \_\_\_\_\_  
Medical/ Rehab/ Appointments \_\_\_\_\_  
Date/Time \_\_\_\_\_

Additional Instructions \_\_\_\_\_

