www.victiminvestigations.com
Victim Investigations Co LLC
Investigations43123@gmail.com

Request For Investigation

614-477-2034 office

Date:___/____/____ Budget Amount _____ (Dollar Amount or # Days) _____ (Our File Number)

☐ Workers' Comp ☐ Undercover ☐ Data Mining ☐ Welfare Check ☐ Corporate Service

Additional Instructions:_____

CLIENT INFORMATION

Requestor _____ Phone (____)_____ Ext _____

Client _____ Type of Claim: ☐ W/C ☐ A/L ☐ _____

Address _____ Claim# _____

_____ D.O.I. _____

Client Attorney _____ Phone (____)_____ Ext _____

CLAIMANT INFORMATION

Name/Alias _____ Phone (____)_____ ☐ Published

Address _____ S.S.N. _____-_____-_____ ☐ Non-Published

_____ D.O.B. _____/_____/_____

Sex _____ Race _____ Ht _____ Wt _____ Hair _____ Eyes _____ Glasses _____ Married _____

Vehicle Make _____ Model _____ Color _____ Tag# _____

Spouse Name _____ Children _____

Other Info (cell phone#, hats, tattoos, appearance type) _____

INSURED / EMPLOYER INFORMATION

Name _____ Phone (____)_____ ☐ cell ☐ home

Address _____ Employer _____

_____ Okay to Contact? ☐ Yes ☐ No

Other Info _____

CLAIMANT'S MEDICAL & LEGAL INFORMATION

Doctor _____ Phone (____)_____ Ext _____

Address _____ Next Appointment _____/_____/_____

_____ Okay to Contact? ☐ Yes ☐ No

Primary Injury _____ Occup. _____

Receiving Benefits? ☐ Yes ☐ No Limitations _____

Attorney _____ Phone (____)_____ Ext _____

Address _____ Litigation Date _____/_____/_____

_____ Previously Investigated? ☐ Yes ☐ No