



Investigation Intake Form

Date: \_\_\_\_\_ III# \_\_\_\_\_

Client: \_\_\_\_\_ File# / Claim#: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Claim Specialist: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Insured: \_\_\_\_\_ D.O.L./ D.O.I.: \_\_\_\_\_

Indicate preference for surveillance video format: CD-Rom \_\_\_\_\_ VHS Tape \_\_\_\_\_

Contact: \_\_\_\_\_

Type of Assignment: \_\_\_\_\_

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Claimant Name: \_\_\_\_\_ Goes By \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Other Known Address: \_\_\_\_\_

Telephone# (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

796= \_\_\_\_\_ 411: \_\_\_\_\_ Phone Disc \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Dist. Characteristics \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Occupation / Title: \_\_\_\_\_

Is Claimant Working Now? \_\_\_\_\_ Where \_\_\_\_\_

Alleged Injury: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Represented?: No Unknown Yes \_\_\_\_\_

Any Prior Investigations Done on Subject? No Yes Are Copies of Report Available? Yes No