



*National Investigations, Inc.*

Fax To: 1-815-467-7603

Date \_\_\_\_\_

NI# \_\_\_\_\_

Investigation Requested:

Video Surveillance

Locate

Activities Check

Records Check

Court Appearance

Statements

Accident Scene

Subpoena Service

Other \_\_\_\_\_

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Subject

(First)

(Middle)

(Last)

Address \_\_\_\_\_

(City)

(State)

(Zip)

Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Glasses \_\_\_\_\_

Facial Hair \_\_\_\_\_

Distinguishing Characteristics \_\_\_\_\_

(Tattoos, scars, etc.)

Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children \_\_\_\_\_

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

Occupation \_\_\_\_\_

Restrictions \_\_\_\_\_

Date of Loss \_\_\_\_\_

I.M.E. Date \_\_\_\_\_

Number of Days Requested \_\_\_\_\_

Specific Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Insured/Address/City/State \_\_\_\_\_

Your File# \_\_\_\_\_

Has NI Billing been explained? Yes \_\_\_ No \_\_\_

Send Invoice to Client? Yes \_\_\_ No \_\_\_ If not, where? \_\_\_\_\_