



National Investigations, Inc.
www.nationalinvestigations.com
Worker's Compensation Request Form
Fax to 1-815-467-7603

Date _____ NI# _____

Investigation Requested:

____ Video Surveillance ____ Locate ____ Activities Check ____ Records Check
____ Court Appearance ____ Statements ____ Accident Scene
____ Other _____

Subject _____
Name (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 _____

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? _____