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| **client information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | | | | |  | | | | | | | | | | | | | Tel #: | | |  | | | | | | | | | | | |
| Principal: | | | | |  | | | | | | | | | | | | | Fax #: | | |  | | | | | | | | | | | |
| Insured: | | | | |  | | | | | | | | | | | | | Email: | | |  | | | | | | | | | | | |
| Client File #: | | | | |  | | | | | | | | | | | | | DOL: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **subject #1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Gender** | |
|  | | | Given 1 | | | | | | | | | | | Given 2 | | | | | | | | | | Surname | | | | | | | M | F | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Apt # Street | | | | | | | | |  | | | | |  | | | | | City Prov | | | | PC | | | | | | |
| Tel (H): | | |  | | | | | | | | | (W): | | | | |  | | | | | SIN / DL #: | | | |  | | | | | | |
| DOB: | | | / / | | | | | | | | | Vehicle: | | | | |  | | | | | | | | | | | | | | | |
|  | | | YYYY MM DD | | | | | | | | |  | | | | | YYYY Make / Model | | | | | Colour | | | | | | | Plate | | | |
| Other Info: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Injuries: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **subject #2 –** *disregard this section if you only have 1 subject.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Gender** | |
|  | | | Given 1 | | | | | | | | | | | Given 2 | | | | | | | | | | Surname | | | | | | | M | F | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Apt # Street | | | | | | | | |  | | | | |  | | | | | City Prov | | | | PC | | | | | | |
| Tel (H): | | |  | | | | | | | | | (Alt Ph #): | | | | |  | | | | | SIN / DL #: | | | |  | | | | | | |
| DOB: | | | / / | | | | | | | | | Vehicle: | | | | |  | | | | | | | | | | | | | | | |
|  | | | YYYY MM DD | | | | | | | | |  | | | | | YYYY Make / Model | | | | | Colour | | | | | | | Plate | | | |
| Other Info: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Injuries: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Lawyer / Medical: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointments: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **investigation request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ | | Surveillance / Video / Photo – Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ | | Background | | | | | | | *❑* | | *Personal Property* | | | | | *❑* | *Employment* | | | *❑* | *Land Titles* | | | *❑* | | *Media Search* | | *❑* | *Other* | |  | | |
| ❑ | | Other (Details) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Special Instructions (Inquiries, etc.): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Budget Limit: | | | | | |  | | | | | | How many **total** copies of the report do you require? | | | | | | | | | | | | | | | | | | | | |  |
| Is this a rush assignment? Y | N Updates required? Y | N By: T | F | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |