



We deliver the truth.

www.case-closed.net

REQUEST FOR SERVICE

Toll Free Fax (888) 431-6855

Date: _____

Surveillance Records Check Locate Other _____ Budget \$ _____ or _____ days

CLIENT INFORMATION

Client: _____ Contact: _____
Address: _____ Phone #: _____ ext. _____
Email: _____

Please choose your preferred method of receiving your report:

- Paper report and VHS videotape (if available)
Report and video (if available) on CD-Rom

CLAIMANT INFORMATION

Claim #: _____ **Is Claimant currently receiving payments? Yes No
If yes, please note address where payments are sent.* _____

Claimant's Name: _____ D.O.B.: _____
Address: _____ S. S. N.: _____
City, St. Zip: _____ Height: _____ Weight: _____
Phone #: _____ Sex: _____ Race: _____
Marital Status: Single Married Divorced Unknown Children? _____

Prior Surveillance? Yes No Previous Report? Yes No Represented Yes No Atty. Name: _____

MEDICAL INFORMATION

Injury Date: _____ How & where did the injury occur? _____
Type of Injury: _____ Restrictions: _____
Physician: _____ Phone#: _____
Address: _____ Scheduled Appointments: _____

INSURED INFORMATION

OK to contact insured? Yes No

Insured: _____ Insured Contact: _____
Address: _____ Phone: _____

Special Instructions: _____

Corporate Office
3325 Healy Drive, Suite B • Winston-Salem, NC 27013
Telephone: (336) 777-1114 • Toll Free (888) 431-6829
Branch Office: Atlantic Beach, NC • Telephone: 252-222-3331