

Corporate Office  
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Branch Office  
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Atlantic Beach, NC 28512  
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PRE-INVESTIGATION INFORMATION SHEET

TODAY'S DATE: \_\_\_\_\_

CLIENT: \_\_\_\_\_

CLIENT'S ATTORNEY: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Cell) \_\_\_\_ - \_\_\_\_\_

Telephone: (Office) \_\_\_\_ - \_\_\_\_\_

(Home) \_\_\_\_ - \_\_\_\_\_

(Other) \_\_\_\_ - \_\_\_\_\_

(Work) \_\_\_\_ - \_\_\_\_\_

Referred By: \_\_\_\_\_

SERVICE (S) REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECT: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_ HT: \_\_\_\_ WT: \_\_\_\_ Race: \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Hair Color: \_\_\_\_ Glasses?: \_\_\_\_ Dogs: \_\_\_\_

Features: \_\_\_\_ Photo: \_\_\_\_

Telephone: (Cell) \_\_\_\_ - \_\_\_\_\_

Normal Dress: \_\_\_\_ Firearm: \_\_\_\_

(Home) \_\_\_\_ - \_\_\_\_\_

Subject's Attorney: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Duties: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Telephone: \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_ Work Hours: \_\_\_\_\_

Subject's Known Activities: \_\_\_\_\_  
\_\_\_\_\_

SUBJECT'S VEHICLE (S):

(1) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_  
(2) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_  
(3) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

ADDITIONAL

SUBJECT: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Race: \_\_\_\_\_  
Address: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Glasses?: \_\_\_\_\_ Dogs: \_\_\_\_\_  
\_\_\_\_\_ Features: \_\_\_\_\_ Photo: \_\_\_\_\_  
Telephone: (Cell) \_\_\_\_\_ - \_\_\_\_\_ Normal Dress: \_\_\_\_\_ Firearm: \_\_\_\_\_  
(Home) \_\_\_\_\_ - \_\_\_\_\_ Subject's Attorney: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Duties: \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Work Hours: \_\_\_\_\_

VEHICLE(S):

(1) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_  
(2) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_  
(3) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

Describe in detail your suspicions, concerns and situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and times that you believe surveillance / investigation would be most productive and cost effective. \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please understand that completing these forms is only the first step in acquiring our professional services. Once we have this information there will be telephone or in-person consultations to ensure that our services fit your unique circumstances.

CLIENT PRINTED NAME: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

<p><i>In Office Use</i></p> <p><i>Date Received:</i> _____ <i>Time Received:</i> _____ <i>Method Received</i> _____</p> <p><i>Received BY:</i> _____</p> <p><i>Client contacted:</i> _____ <i>(Date/Time/Method/ By whom)</i></p> <p><i>Contract Sent:</i> _____ <i>Contract Entered:</i> _____</p>
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