

Corporate Office  
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Toll Free Fax (888) 431-6855



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: \_\_\_\_\_

North Carolina License 847 • South Carolina License 990 • Virginia License 11-3261

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: \_\_\_\_\_

*In Office Use*

*Date Received:* \_\_\_\_\_ *Time Received:* \_\_\_\_\_ *Method Received* \_\_\_\_\_

*Received BY:* \_\_\_\_\_

*Client contacted:* \_\_\_\_\_ (*Date/Time/Method/ By whom*)

*Contract Sent:* \_\_\_\_\_ *Contract Entered:* \_\_\_\_\_