

INSURANCE FRAUD SPECIALISTS, INC.

Telephone: 877-341-3377

E-Mail: info@shannondetectiveservice.com

Our File #: _____ Date Assigned: _____ Your File: _____

Client: _____ Assigned By: _____

Client's Phone No.: _____ Client's Address: _____

Insured: _____

Contact Person: _____ Contact Number: _____

INVESTIGATION REQUIRED

Subject(s): _____ Phone No.: _____

Address: _____

Circle requests: DMV History DMV Vehicles ICA/WCAB Search Employment Search Asset Searches Court Searches

Circle Type of Investigation required:

Plaintiff Investigation
Locate Investigation
Surveillance Investigation
Obtaining Statements/Declarations
Background Investigation
Sub Rosa Investigation
Subrogation Investigation
A.O.E. / C.O.E. Investigation
Activity Check Investigation
Domestic Investigation
Other

Sex: M or F Race: _____ Weight _____ Height: _____

Marriage Status: _____ Children Yes or No

How Many: _____ Ages: _____

Vehicles owned: Make, Models & License: _____

Date of Birth: _____ Date of Injury: _____

How Injury Occurred and to What Body Part: _____

ADJ or ICA or WCA No.: _____

Social Security Number: _____

Occupation: _____

Subject's attorney: _____ Attorney's Phone No.: _____

Subject's Doctor: _____ Dr's Address/Phone: _____

Client's Doctor: _____ Dr's Address/Phone: _____

Client's Attorney: _____ Attorney's Address/ Phone & E-Mail: _____

Hearing Dates or Depositions: _____ Time: _____ Location of Court: _____

Number of Investigator's on this Case: _____ Due Date for Assignment: _____

Instructions for this Assignment: _____

Time Allowed on this Assignment or Dollar Amount: _____

Has this case been worked prior by another agency: Yes or No If so, what type of investigation and when: _____

SERVING THE WESTERN & SOUTHEASTERN UNITED STATES