

ATTORNEY REQUEST FOR INVESTIGATION

Discrimination Investigation <input type="checkbox"/>	Criminal / Civil Investigation <input type="checkbox"/>
Wrongful Termination Investigation <input type="checkbox"/>	Surveillance Investigation <input type="checkbox"/>

Requestor Title (Adjuster, Counsel, HR Representative) _____

End Client (Ins. Co., plaintiff, defendant, HR Rep, etc.) _____

CLIENT INFORMATION

Name _____	DOB _____
Address _____	Physical Description _____
Phone _____	To be Interviewed? YES NO
E-mail _____	Interview Recorded? YES NO
Obtain copy of Policies & Procedures Manual from Employer? _____	YES NO

LIST ALL PARTIES TO BE INTERVIEWED & THEIR RELATION TO CASE

#	NAME	POSITION	WITNESS	NOTES
1	_____	_____	YES NO	_____
2	_____	_____	YES NO	_____
3	_____	_____	YES NO	_____
4	_____	_____	YES NO	_____
5	_____	_____	YES NO	_____
6	_____	_____	YES NO	_____

INVESTIGATION CONDUCTED FOR: PLAINTIFF ATTORNEY DEFENSE ATTORNEY

PLAINTIFF ATTORNEY	DEFENSE ATTORNEY
Name _____	Name _____
Firm _____	Firm _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____
E-mail _____	E-mail _____

ELEMENTS OF CASE

SPECIAL CIRCUMSTANCES

DUE DATE _____

APPROXIMATE BUDGET _____

PAYMENT AUTHORIZATION _____