



# Desert Private Investigations

## NEW CLIENT INTAKE

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ DOB: \_\_\_\_\_ DL # \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_

Court Action pending? Yes or No if yes: Type \_\_\_\_\_ Case # \_\_\_\_\_ County \_\_\_\_\_

Attorney: yes or no if no: Represented by Attorney? yes or no

If yes fill in Attorney Contact information below.

**Firm Name:** \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Services Requested: (Be specific):

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

What form does the evidence need to be in for admission in Court action?

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

Other information: \_\_\_\_\_

I have read all of the above and filled out all the information to the best of my knowledge. I the undersigned also promise not to use any information obtained by Desert Private Investigations in any way that would be considered unlawful in the state of Arizona.



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Have you ever hired a private Investigator in the past? \_\_\_\_\_ If yes, was it regarding this case?

Why did the investigation cease? \_\_\_\_\_

\_\_\_\_\_

Do you have a restraining order against you? \_\_\_\_\_ Date issued \_\_\_\_\_

**Primary Subject's Information** Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Vehicle License & Description: \_\_\_\_\_

Subject's: Gender: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_\_

Does the subject have a criminal record? \_\_\_\_\_

Does subject own or carry any weapons? Yes or no If yes what type? \_\_\_\_\_

\_\_\_\_\_

**Secondary Subject's Information** Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Vehicle License & Description: \_\_\_\_\_

Subject's: Gender: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_\_

Does subject own or carry any weapons? Yes or no If yes what type? \_\_\_\_\_

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## Investigation Type

- ( ) WCAB Records
- ( ) Personnel Records
- ( ) Wage Records
- ( ) Medical Records
- ( ) Medical Authorization
- ( ) Physical Evidence
- ( ) Police Reports
- ( ) Death Certificate
- ( ) Birth Certificate
- ( ) Other \_\_\_\_\_

Case Outline: \_\_\_\_\_

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Estimated Costs: +QM Hours \_\_\_\_\_ +@125 \_\_\_\_\_ +FA Hours \_\_\_\_\_ +@95 \_\_\_\_\_ +Research \_\_\_\_\_ +Documents \_\_\_\_\_ +Court \_\_\_\_\_ +Report \_\_\_\_\_ +Mileage \_\_\_\_\_ +@\$.65 \_\_\_\_\_ =Total \_\_\_\_\_

## Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

[illegible]

Client Signaturture

Print Name

Date

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