

CSSI Investigative Services Request Form

800-239-2774 (Toll Free)

(205) 987-9363 (Fax)

www.cssi.net

Date: _____ Your File No.: _____

Client: _____ CSSI File No.: _____

Company: _____ Telephone: _____

Type Claim: ___ Workers' Compensation ___ General Liability ___ Death/Disability ___ Special Investigation ___ Subrogation

Type of Investigation(s): ___ Surveillance ___ Background ___ Dependency Follow-up ___ Accident/Statement ___ Locate

Specific Instructions/Dates: _____

Prior Investigation? _____ If yes, last date(s) conducted: _____ Problems or Confrontation? _____

Authority/Limit: _____ Date(s) of Loss: _____ Type of Loss: _____

Company/Insured: _____

Address: _____

City, State: _____ Zip: _____ OK to contact: _____

Contact Person: _____ Telephone: _____

Additional Contact Person: _____ Telephone: _____

Subject's Last Name: _____ First Name: _____ Middle: _____

Last Known Address: _____ City _____ State: _____ Zip: _____

Other Known Address: _____ City _____ State: _____ Zip: _____

Current Telephone(s): _____ Other Telephone(s): _____

Date of Birth: _____ Age: _____ SSN: _____ Drivers License #: _____ State: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Build: _____ Hair: _____ Length: _____ Glasses: _____

Other Features: _____ Marital Status: _____ Reside with subject _____

Dependents? _____ Names/ages: _____ Reside with subject? _____

Job type/duties: _____

Known vehicles State & tag #: _____ Description of Vehicle: _____

Known vehicles State & tag #: _____ Description of Vehicle: _____

Known appointments? Date: _____ Time: _____ Location: _____

Receiving Benefits? _____ If yes how (i.e. mail, pick up, etc.) and location: _____

Represented by Attorney? _____ Plaintiff Attorney name: _____

Address: _____

Litigation? _____ If yes, defense attorney name: _____

Address: _____

Notes or additional information: _____
