INTREPID INVESTIGATIONS

New York State & Connecticut Licensed, Insured and Bonded Private Investigator
NY License #11000074509, CT License #1-2474

Assignment Request

(A downloadable Assignment Request Form fill-in version is also available on our Web Site)

Date: ______________

To: Michael Sepanara, Intrepid Investigations
From: _________________________ Company: ______________________________________
Address: ____
Phone Number:_________________ Fax: _________________ Email: ___________________
Claim number: _________________________ Claim Type: _____________________________
Assignment (Type): ____
☐Standard Turnaround (2 weeks) Rush:☐ Date Required: _________________________

Specific Instructions/Client Objectives/Reason For Investigation/Additional Information:
____
____

Video/DVD Copy: Yes ☐ No ☐ (Final Reports are always forwarded with photos from video)

SUBJECT#1 INFORMATION **Prior Investigation: Yes ☐ No ☐**
Name- Subject: ____
(List First, Middle Initial & Last Name as well as any AKA names)
Address: ____
Phone No: _____________DOB: ___________ SSN: ___________ D/L Number: ____________
Vehicles: ____
Additional Info: ____

PHYSICAL DESCRIPTION
Sex: F ☐ M ☐ Race: ___________Height: _______Weight: _______Build: ______Hair: _____
Additional Characteristics: ____

EMPLOYMENT INFORMATION
Employed: Yes ☐ No ☐ Occupation:___________________ Employer:_________________
Employer Address:____ Phone No: __________
May Employer be contacted: Yes ☐ NO ☐ Current work restrictions: ____________________

ATTORNEY/MEDICAL PROVIDER
Subject Represented: Yes ☐ No ☐ Attorney Name: ___________________________________
Address: ____
Phone Number:_________________ Fax: _________________ Email: ___________________
Reported Injury/Limitations: ____
Subject Currently Treated? Yes ☐ No☐ Subject Completed Treatment? Yes ☐ No☐
Medical provider(s)Name____
Address: ____
Scheduled Medical/Legal Appointments: ____

Assignment Request

Additional Info: ______________________________

SUBJECT#2 INFORMATION **Prior Investigation: Yes ☐ No ☐**

Name- Subject: ______________________________
(List First, Middle Initial & Last Name as well as any AKA names)
Address: ______________________________
Phone No: ____________DOB: ___________ SSN: ___________ D/L Number: ___________
Vehicles: ______________________________
Additional Info: ______________________________

PHYSICAL DESCRIPTION

Sex: F ☐ M ☐ Race: __________Height: ______Weight: ______Build: _____Hair: _____
Additional Characteristics: ______________________________

EMPLOYMENT INFORMATION

Employed: Yes ☐ No ☐ Occupation:________________ Employer:______________
Employer Address:______________________________ Phone No: __________
May Employer be contacted: Yes ☐ NO ☐ Current work restrictions: ______________

ATTORNEY/MEDICAL PROVIDER

Subject Represented: Yes ☐ No ☐ Attorney Name: ______________________________
Address: ______________________________
Phone Number:______________ Fax: ______________ Email: ________________
Reported Injury/Limitations: ______________________________
Subject Currently Treated? Yes ☐ No☐ Subject Completed Treatment? Yes ☐ No☐
Medical provider(s)Name______________________________
Address: ______________________________
Scheduled Medical/Legal Appointments: ______________________________
Additional Info: ______________________________

SUBJECT#3 INFORMATION **Prior Investigation: Yes ☐ No ☐**

Name- Subject: ______________________________
(List First, Middle Initial & Last Name as well as any AKA names)
Address: ______________________________
Phone No: ____________DOB: ___________ SSN: ___________ D/L Number: ___________
Vehicles: ______________________________
Additional Info: ______________________________

PHYSICAL DESCRIPTION

Sex: F ☐ M ☐ Race: __________Height: ______Weight: ______Build: _____Hair: _____
Additional Characteristics: ______________________________

EMPLOYMENT INFORMATION

Employed: Yes ☐ No ☐ Occupation:________________ Employer:______________
Employer Address:______________________________ Phone No: __________

Assignment Request

May Employer be contacted: Yes ☐ NO ☐ Current work restrictions: ____________________

ATTORNEY/MEDICAL PROVIDER

Subject Represented: Yes ☐ No ☐ Attorney Name: ______________________________
Address: ____
Phone Number:________________ Fax: ________________ Email: ___________________
Reported Injury/Limitations: ____
Subject Currently Treated? Yes ☐ No☐ Subject Completed Treatment? Yes ☐ No☐
Medical provider(s)Name____
Address: ____
Scheduled Medical/Legal Appointments: _________________________________
Additional Info: ____

SUBJECT#4 INFORMATION **Prior Investigation: Yes ☐ No ☐**

Name- Subject: ____
(List First, Middle Initial & Last Name as well as any AKA names)
Address: ____
Phone No: ____________DOB: ___________ SSN: ___________ D/L Number: ____________
Vehicles: ____
Additional Info: ____

PHYSICAL DESCRIPTION

Sex: F ☐ M ☐ Race: ___________Height: _______Weight: _______Build: ______Hair: _____
Additional Characteristics: ____

EMPLOYMENT INFORMATION

Employed: Yes ☐ No ☐ Occupation:__________________ Employer:________________
Employer Address:____ Phone No: __________
May Employer be contacted: Yes ☐ NO ☐ Current work restrictions: ____________________

ATTORNEY/MEDICAL PROVIDER

Subject Represented: Yes ☐ No ☐ Attorney Name: ______________________________
Address: ____
Phone Number:________________ Fax: ________________ Email: ___________________
Reported Injury/Limitations: ____
Subject Currently Treated? Yes ☐ No☐ Subject Completed Treatment? Yes ☐ No☐
Medical provider(s)Name____
Address: ____
Scheduled Medical/Legal Appointments: _________________________________
Additional Info: ____