

Eye To Eye Investigations  
2728 W. Main St. #30  
Medford, OR 97501  
Intake Application

**Personal Information:**

Full legal name: \_\_\_\_\_ Todays date: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is there or has there ever been a restraining, stalking, or no-contact order regarding this matter? YES NO Explain: \_\_\_\_\_  
\_\_\_\_\_

Are there or has there ever been criminal/civil charges regarding this matter?  
YES NO Explain: \_\_\_\_\_  
\_\_\_\_\_

Is there an Attorney representing this matter? YES NO  
Attorney's name and contact information: \_\_\_\_\_  
\_\_\_\_\_

**Service Request**

Type of service requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired outcome/timeframe: \_\_\_\_\_  
\_\_\_\_\_

**This information will be reviewed in a staff meeting and an agent will contact you within seven business days.**