

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.