

Spearhead Private Investigations

When evidence makes the difference...



REQUEST FOR INVESTIGATIVE SERVICES

Agency Assigned Case File #: _____

Date: _____

CONTACT INFORMATION

Client Name		Client Company <i>(if applicable)</i>	
Address		Job Position / Title <i>(if applicable)</i>	
City / State		Zip Code	
Home Phone		Cell Phone	
Work Phone	Ext.	Fax #	
Email		Best Contact <i>(Method & Time)</i>	

SUBJECT INFORMATION

First & Middle Name		Last Name	
Date of Birth		Age	
Address		City / State	
Zip Code		Home Phone	
Cell Phone		Work Phone	Ext.
Detailed Description	Race/Skin Tone:	Build:	
	Gender:	Scars:	
	Ht.:	Tattoos:	
	Wt.:	Disfigurements:	
	Hair Color/Length:	Glasses:	
Social Media Accounts	Email:	LinkedIn:	
	FB:	Snap Chat:	
	Twitter:	Other:	
Other Identifiable Information:			

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Vehicle Year		Vehicle Color	
Vehicle Make		Vehicle Model	
License Plate State		Vehicle License Plate #	
Vehicle Details (decals, specific items, etc.)			
Employer		Work Address	
Work Schedule		Work Phone	Ext.
Hobbies/Activities			

DETAILS OF INVESTIGATION

Please be very detailed regarding your suspicions and identify any potential suspects. If you know the identity of the individual(s), give all the pertinent details as indicated above. If not, be thorough in your explanation of the details. If you are represented by an attorney, please list his/her name, address and phone number so that we may remain in contact.

Client attests there are no restraining, protective, or no-contact orders of any kind in effect against Client or Client's family which would prohibit Client from requesting investigative services. _____

Signature

HOW DID YOU HEAR ABOUT US?

If you were referred by an attorney, SPI client, or friend, please list their name. If you found us another way, please let us know where.