

## PPS IX Investigations

2300 McDermott Rd. Ste 200-109, Plano Texas 75025 License Number: A20130

Contact Number 972-767-7917

## **New Client Information**

Full Name:	City/ZIP:         State:           Cell:         Email:           vers License #:         S.S.N:         -			
Street Address:	City/ZIP:		State:	
Home Phone:	Cell:	Email: _	il:	
D.O.B:/Dri	vers License #:	S.S.N: _		
Services & Fees:				
Initial Consultation with	a Licensed Investigator	r (half hour)		25.00
Investigators to determine the space services that we are able to provinvestigation. The investigator warmount of time it will take.	de. If we accept your case, the	consultation fee v	vill be cr	edited to your
Datahase Research & Pe	onle I ocator(ner search	·)		150.00
Database Research & Pe Using the exclusive resources on name, address, or social security person's address, past addresses address or their social security material and information such as a	f PPS IX Investigations, we c number (only first five #). The , and the names of other personumber. PPS IX Investigation	an compile a cor his information we sons associated v	nputer p ill usual vith that	rintout of any ly include the person, their

Have you ever hired a private Investigator in the past?  If yes, was it regarding this case?  Why did the investigation cease?						
Do you have a restrain	ing order against you? _					
Primary Subject's In	<u>formation</u>					
Full Name:		D.O.B:	/ /			
Street Address:		City/Zip:	State:			
Home						
Phone #:	Mobile:	S.S.N:	//			
Relationship to Subjec	Mobile:	Drivers License:				
venicie License & Des	scription:					
Subject's:	A co. II.	oight: Waight:	Haim			
	Age: He ying Marks or Tattoos: _					
Does the subject have	a criminal record?					
Does subject own or ca	a criminal record?arry any weapons?					
If yes what type?	arry any weapons?					
If yes what type?  Secondary Subject's	Information					
If yes what type?  Secondary Subject's	Information					
Secondary Subject's  Full_Name: Street Address: Home	Information	D.O.B:	// State:			
Secondary Subject's  Full_Name: Street Address: Home	Information	D.O.B:	// State:			
Secondary Subject's  Full Name: Street Address: Home Phone #: Relationship to Subject	Information  Mobile:	D.O.B:	// State:			
Secondary Subject's  Full_Name: Street Address: Home Phone #: Relationship to Subject Vehicle License & Des	Information  Mobile:	D.O.B:	// State:			
Secondary Subject's  Full Name: Street Address: Home Phone #: Relationship to Subject Vehicle License & Des	Information  Mobile: scription:	D.O.B: D.O.B: S.S.N: Drivers License:	// State: //			
Secondary Subject's  Full Name: Street Address: Home Phone #: Relationship to Subject Vehicle License & Des Subject's: Gender: Race:	### Age: Heads of the content	D.O.B: City/Zip: S.S.N: Srivers License: Weight: Weight: S.S.N: S.S.N: Drivers License: S.S.N: S.S.N: Drivers License: S.S.N: S.S	//			
Secondary Subject's  Full Name: Street Address: Home Phone #: Relationship to Subject Vehicle License & Des Subject's: Gender: Race:	Information  Mobile: scription:	D.O.B: City/Zip: S.S.N: Srivers License: Weight: Weight: S.S.N: S.S.N: Drivers License: S.S.N: S.S.N: Drivers License: S.S.N: S.S	//			
Secondary Subject's  Full Name: Street Address: Home Phone #: Relationship to Subject Vehicle License & Des Subject's: Gender: Eyes: Identify	Information  Mobile: Mobile:Age:Ho ying Marks or Tattoos:	D.O.B: D.O.B: S.S.N: S.S.N: Drivers License: Weight: Weight:	//			
Secondary Subject's  Full_Name: Street Address: Home Phone #: Relationship to Subject Vehicle License & Des Subject's: Gender: Eyes: Identify	Information  Mobile: Mobile:Age:Ho ying Marks or Tattoos:	D.O.B: S.S.N: S.S.N: Srivers License: Weight: Weight:	/ / State:/			

## **Third Subject's Information** Full Name: D.O.B: / / Street Address: City/Zip: State: Home Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_/\_\_\_/\_\_\_\_ Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_ Vehicle License & Description: Subject's: Gender: \_\_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_\_Identifying Marks or Tattoos: \_\_\_\_\_ Does the subject have a criminal record? Does subject own or carry any weapons? If yes what type? **Fourth Subject's Information** Full Name: D.O.B: /\_\_/\_\_ Street Address: City/Zip: State: Home Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_/\_\_\_/\_\_\_\_ Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_ Vehicle License & Description: Subject's: Gender: \_\_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair: \_\_ Eyes: \_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_ Does the subject have a criminal record? Does subject own or carry any weapons? If yes what type? I have read all of the above and filled out all the information to the best of my knowledge. I the under signed also promise not to use any information obtained by PPS IX Investigations in any way that would be considered unlawful in the state of Texas. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Investigation Type</b>	<u>Int</u>	erview/Statement	ds_ Obtain_		
() Asset Search () Background () Criminal () Missing Person () Personal Injury	0 0 0 V 0 I 0 S	Employee Co-Workers Witnesses Employer Supervisor	() Persor () Wage () Medic () Medic	() WCAB Records () Personnel Records () Wage Records () Medical Records () Medical Authorization	
() Process Service () Skip Trace		<ul><li>() Doctors(s)</li><li>() Third Party(s)</li></ul>		<ul><li>() Physical Evidence</li><li>() Police Reports</li></ul>	
() Surveillance		() Police Reports		() Death Certificate	
() Undercover		() Other		() Birth Certificate	
() Other		() Other		() Other	
Case Outline:					
Estimated Costs:	. 0225	· FA II	. 005	. D. 1	
+QM Hours	_+(a)225	+FA Hours	+(a)95	+Research	
+Documents	_+Court	+Report	+Mileage	+@\$.65	
=Total	_				
Goals:					
1					
2					
3					
4					
5.					

## **CASE NOTES**