



GSM Investigative Group, LLC  
500 W. Morgan Street  
Suite 202  
Durham, NC 27701  
NCPI License 509894

## CLIENT INTAKE FORM

Full Name: Name  
Contact Number: Number  
Email Address: Email  
Home Address: Address  
City, State, Zip, County  
Date of Birth: Birthday  
Driver's License Number: DLN & State  
Last four of SSN: SSN  
Emergency Contact: Name & Number

### INVESTIGATION

Clearly state the reason for seeking investigation services: Brief Description of the Issue

1. What is your desired outcome: Goals
2. What is your deadline for this investigation: Timeline
3. What is your budget for this investigation: Budget
4. Do you have a restraining order in place: Order Details

### SUBJECT

Subject Information: Full Name  
Subject Alias: Name  
Subject Home Address: Address  
City, State, Zip, County  
Subject Work Address: Address  
City, State, Zip, County  
Subject Contact Number/s: Number  
Subject Email Address: Email  
Subject Social Media Accounts: Facebook, Instagram, X, etc.  
Does Subject carry any weapons: Describe  
Is the subject known to be violent or have a criminal history: Details  
Any other details necessary to assist in this investigation: Detailed Summary (Hours worked, Frequented Places, Gym, etc.)

*Please keep in mind that GSM Investigative Group is a licensed and insured private investigations agency in North Carolina and are required to adhere to the laws and rules of the state. We are not attorneys and cannot offer legal advice. A FREE initial consultation will be required along with submittal of authorization forms prior to any investigation.*

Printed Name: Full Name  
Signature:  
Date: Date

GSM Investigative Group, LLC  
Subject: XXXX

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