



CLIENT INTAKE FORM

Full Name:
Contact Number:
Email Address:
Home Address:
Date of Birth:
Driver's License Number:
Last four of SSN:
Emergency Contact:

INVESTIGATION

Clearly state the reason for seeking investigation services:

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

SUBJECT

Subject Name:
Subject Alias:
Subject Home
Subject Work Address:
Subject Contact Number/s:
Subject Email Address:
Subject Social Media Accounts:
Does Subject carry any weapons:
Is the subject known to be violent or have a criminal history
Any other details necessary to assist in this investigation:

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. Contact our office at (919) 430-1736 or book Online at www.gsminvestigativegroup.com to set up an appointment.

Printed Name: Signature:			
Date:			