SURVEILLANCE AND ACTIVITY REQUEST

Firm:_____ Attention:_____

Address:_____ Date:_____

City, State, Zip:_____ Court:_____

Telephone:_____ Case Number:_____

Ext/Direct Line:_____ Case Title:_____

Your Email_____ Claim/File Number_____

PLEASE NOTE ANY SPECIFIC SERVICE REQUIREMENTS

Please check the services required: (   ) Video Surveillance   (   ) Activities Check   (   ) Other

Date:_____ Completion Deadline:_____ Trial or Hearing Date:_____

Subject:_____SSN:_____

Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

If additional investigator/s needed (i.e., rural cases), is permission granted to proceed? (   ) Yes   (   ) No

Physical Description:_____

DOB:_____ Sex:_____ Race:_____ Marital Status:_____ Spouse:_____

Subject's Vehicle/s:_____

Alleged Injury:_____

Physical Restriction/s:_____

Claim #:_____ Date of Loss:_____ Insured:_____

Type of Claim:_____ Previous Surveillance Performed?:_____ (   ) Yes (   ) No   If yes, attach report

Does the claimant have a history of violent behavior?:_____ (   ) Yes   (   ) (If Yes, two Inv. Minimum)

What is the purpose of this investigation?:_____

_____

Specific days for surveillance?:_____ (   ) Yes   (   ) No   If Yes, What days? _____

Monetary Restrictions or Limit?:_____

Client:_____ Company:_____

Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Email:_____

Referred By:_____

GSM Investigative Group, LLC
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