



FULL CLIENT INTAKE FORM

Initial Consultation with a Licensed Investigator (half hour) FREE.*

****Any additional time will be charged based on our hourly fees.***

Before we accept any investigation, it is essential that you be interviewed by one of our Licensed Investigators to determine the special needs of your case and provide you with a realistic idea of the services that we are able to provide. The investigator will also estimate the projected expense of your investigation and the amount of time it will take with most cases. However, every case is handle based upon the information provided.

Client Information:

Full Name: _____ D.O.B: ____/____/____

Address: _____ City: _____ Zip: _____ State: _____

Phone #: _____ Mobile #: _____

Occupation: _____ Employer: _____

Email: _____

Work Address: _____

Relationship to Subject: _____

Have you ever hired a private Investigator in the past? _____

If yes, was it regarding this case? _____

Did the investigation cease? _____

Do you have a restraining order against you? _____

Do you own or carry any weapons? _____

If yes, what type? _____

Primary Subject's Information:

Full Name: _____ D.O.B: ____/____/____

Address: _____ City: _____ Zip: _____ State: _____

Phone #: _____ Mobile #: _____ S.S.N: ____/____/____

Occupation: _____ Employer: _____

Work Address: _____

Gender: ____ Race: _____ Age: ____ Height: ____ Weight: ____ Hair: ____ Eyes: _____

Other Names or Aliases: _____ Email: _____

Relationship to the Client: _____ Years you know each other: _____

If you are married or co-habituating, number of years together: _____

Number of Children: _____

Identifying Marks or Tattoos: _____

Does the subject have a criminal record? _____

Does subject own or carry any weapons? _____

If yes, what type? _____

Social Media Profiles:

Facebook Page _____ Google+ Page _____ LinkedIn _____

Has the subject ever hired a private Investigator in the past? _____

If yes, was it regarding this case or a different case? _____

Did the investigation cease? _____

Does the subject have a restraining order? _____

Subject's Vehicle License & Description:

Driver License: _____

Vehicle # 1:

Color: _____ Year: _____ Make: _____ Model: _____ Plate No: _____

Vehicle # 2:

Color: _____ Year: _____ Make: _____ Model: _____ Plate No: _____

Vehicle # 3:

Color: _____ Year: _____ Make: _____ Model: _____ Plate No: _____

What type of investigation do you want?

- | | |
|---|--|
| <input type="checkbox"/> Spousal Surveillance | <input type="checkbox"/> Real Property Records |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Camera System |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Professional License Verifications |
| <input type="checkbox"/> Premarital Investigations | <input type="checkbox"/> SSN Verification |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Computer & Internet Security Services |
| <input type="checkbox"/> Divorce / Domestic Investigations | <input type="checkbox"/> Service of Legal Process |
| <input type="checkbox"/> Cohabitation | <input type="checkbox"/> Cellular Phone Information & Records |
| <input type="checkbox"/> Background Check* (specify which cities) | <input type="checkbox"/> Electronic Eavesdropping Sweeps |
| <input type="checkbox"/> Cell Phone Forensics | <input type="checkbox"/> Locate Investigations |
| <input type="checkbox"/> Employment Location | <input type="checkbox"/> Asset Search |
| <input type="checkbox"/> Child Support Investigation | <input type="checkbox"/> Background |
| <input type="checkbox"/> Bank Account Investigation | <input type="checkbox"/> Witnesses |
| <input type="checkbox"/> Hidden Cameras | <input type="checkbox"/> Missing Person |
| <input type="checkbox"/> Child Custody Investigations | <input type="checkbox"/> Skip Trace |
| <input type="checkbox"/> Unlisted Phone Number Information | <input type="checkbox"/> Undercover |
| <input type="checkbox"/> Criminal Record / Prison Records | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asset Investigation | |

Surveillance to be conducted on:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Wife |
| <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Girlfriend |
| <input type="checkbox"/> Daughter / Son | <input type="checkbox"/> Other _____ |

Which signs do you see:

- | | |
|---|---|
| <input type="checkbox"/> Working a lot of overtime | <input type="checkbox"/> Hiding the phone/cell bill |
| <input type="checkbox"/> Excessive use of the internet | <input type="checkbox"/> Personal purchase of an extra cell phone |
| <input type="checkbox"/> Additional mileage on the car | <input type="checkbox"/> No longer interested in sex |
| <input type="checkbox"/> Hanging out with new friends | <input type="checkbox"/> No longer wearing a wedding band |
| <input type="checkbox"/> Smells of perfume or alcohol | <input type="checkbox"/> Saying "I need space" |
| <input type="checkbox"/> Working out in the gym, never tried before | <input type="checkbox"/> Other sexual position |

Please Explain:(Note: the person being named is "The Subject.")

Possible suspect's information:(Note: "Suspect" is the person that the subject is having an affair with.)

Briefly, tell us your story.

If we provide the proof you need, will you:

- | | |
|---|--|
| <input type="checkbox"/> Leave them and get a divorce | <input type="checkbox"/> Separate |
| <input type="checkbox"/> Go for therapy together | <input type="checkbox"/> I do not know, "I will need help" |
| <input type="checkbox"/> Need and Attorney | |

Best Time to Call: _____ Best Phone Number to Call: _____

What is your investigation budget to obtain the information that you are requesting?

- | | |
|--|--|
| <input type="checkbox"/> \$750 - \$1000 | <input type="checkbox"/> \$1501 - \$5000 |
| <input type="checkbox"/> \$1001 - \$1500 | <input type="checkbox"/> \$5001 and up (VIP) |

Where did you hear about us?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Television |
| <input type="checkbox"/> Referral from a friend or attorney | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper/ Magazine/Mailing | <input type="checkbox"/> Other _____ |

What method did you use to find us?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Desktop | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Cellphone | |

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 Miller Investigations, LLC. in any way that would be considered unlawful in the state of Oklahoma.

Signature: _____

Date: _____

Please: DO NOT SUBMIT if you DO NOT WANT A CALL BACK. The Director only speaks with select individuals who are seriously in need of our help and need to hire an investigator.