

# O'KEEFE DETECTIVE AGENCY

## SURVEILLANCE REQUEST FORM

<b>Firm:</b>		<b>Date:</b>
<b>Address:</b>		<b>Court:</b>
<b>City, State, Zip</b>		<b>Case No.:</b>
<b>Telephone:</b>		<b>Case Title:</b>
<b>Ext./Direct Line:</b>		
<b>Your Fax No.:</b>		<b>Claim/File No.:</b>
<b>Attention:</b>		<b>Date of Loss:</b>
<b>E-Mail:</b>		

### PLEASE NOTE ANY SPECIFIC OR TIMELY FILING OR SERVICE REQUIREMENTS

Please check the services required:     Video Surveillance  Activities Check     Other    TYPE:  Individual  Business

Date: \_\_\_\_\_ \_ Completion Deadline: \_\_\_\_\_ Trial or Hearing Date \_\_\_\_\_

Subject \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If two crews are needed (i.e., rural cases), is permission granted to proceed?  Yes { } No

Physical Description: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Subject Vehicles \_\_\_\_\_ Alleged Injury: \_\_\_\_\_

Physical Restrictions \_\_\_\_\_ Claim#: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Insured: \_\_\_\_\_

Type of Claim: \_\_\_\_\_ Previous Surveillance Performed?  Yes  No (If "Yes", attach report)

What is the purpose of this investigation? \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Are there specific days for the surveillance to be conducted?  Yes  No (If "Yes," What Days?) \_\_\_\_\_

Restrictions: Day or \$ Limit \_\_\_\_\_ Client: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PO BOX 818 SUN CITY CA. 92586**

**951-246-3117 OR CHERYL@OKEEFEDETECTIVEAGENCY.COM**

