

A-1 Detective Agency, LLC

Request for Investigation

Client(s) Name: _____ **Case No.(s):** _____

Charge(s): _____ **Judge:** _____ **Court Room:** _____

Requesting Attorney: _____ **Request Date:** _____

Date Reply/Request to Investigation Needed by: _____

(Supervisor)
Investigator assigned: _____ **Date Investigator received:** _____

Fill in:
Date of incident: _____ **Time:** _____ **Address:** _____ **Department Involved:** _____

INVESTIGATION ACTION REQUESTED

Locate: ____ **Interview:** ____ **Personal:** ____ **Telephone:** ____ **Subpoena:** ____

Type of Witness: **Friendly:** ____ **Hostile:** ____ **Other:** ____

Reason Needed: **Alibi:** ____ **Eye:** ____ **C.W.:** ____ **Character:** ____ **Medical:** ____

SPECIAL NEEDS:

Transport Witness(es): ____ **Photos:** ____ **Description/Diagram/Scene:** ____

Transport Documents: ____

ATTORNEY WISHES TO ACCOMPANY INVESTIGATOR (Check One): YES ____ NO ____

LIST NAMES, ADDRESSES, PHONE NUMBERS AND ACTION REQUESTED BELOW:

