



## CLIENT INTAKE FORM

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Other Names / Aliases:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

**Email 1:** \_\_\_\_\_ **Email 2:** \_\_\_\_\_

**Primary Address:** Street # and Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**Social Media Profiles:** Facebook @ \_\_\_\_\_ Instagram @ \_\_\_\_\_

Twitter \_\_\_\_\_ LinkedIn \_\_\_\_\_

**Type of Investigation:** \_\_\_\_\_

**Reason for Investigation (Objective):** \_\_\_\_\_

**Have you ever employed a Private Investigator before?**  Yes  No If yes, whom and when? \_\_\_\_\_

**Will the investigation require us to perform surveillance? If yes, complete the Subject section below. If not, skip the Subject section and go to the SIGNATURE section.**

### SUBJECT

**Has the Subject ever served in the military?**  Yes  No If yes, which branch? \_\_\_\_\_

**What position did he/she hold in the military?** \_\_\_\_\_

**Has the Subject ever been convicted of a felony?** Yes No If yes, what type of crime? \_\_\_\_\_

**Is the Subject prone to violence?**  Yes  No **Does the Subject carry a weapon?**  Yes  No Type? \_\_\_\_\_

### SIGNATURE

*By signing below, you attest that all of the information you have provided below is accurate to the best of your knowledge.*

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Intake Investigator's Name** \_\_\_\_\_