



DKI SERVICES, LLC
BROKEN ARROW, OKLAHOMA
918-882-5539
OKLAHOMA AGENCY LICENSE #0200812-IA000307

Client Intake Form

Date:

Client's Name:

Client's Address:

Client's Phone Number:

Client's Email Address:

Client's Date of Birth:

Client's Location of Birth:

Client's SSN: (Only for financial record if needed)

Client's Attorney (Name and Number):

Client's needs for an Investigator:

Suspect Name:

Suspect Address:

Suspect Phone Number:

Suspect Email Address:

Suspect Date of Birth:

Suspect Location of Birth:

Suspect Employer:

Suspect Employer Address:

Suspect Automobiles (make/model/year/color):

All known information on the suspect:

What are your goals for having this investigation completed?

What information do you and/or your attorney need for trial?

Do you know the travel patterns of the subject to be investigated?

DKI Services, LLC will be pulling a background check on everyone involved. Do you agree?

Does anyone involved have a court-ordered Protection Order that prohibits contact between the parties?

Does the Protective order prevent us from legally helping you and your attorney? (Ask your attorney)

Any further information that you wish to include to your Investigator to help complete your investigation:

By signing below, I affirm and attest that all information is true to the best of my knowledge. I understand that if it is discovered that I have lied or misrepresented the information on this form, my investigation will be terminated immediately, I will forfeit all money paid, and ALL information regarding my investigation obtained will be redacted and will not be made available to me.

I, _____, by printing my full name, agree to all aspects of this contract and hire DKI Services for the reasons stated above.

X

Client's Signature

X

Date