



The Investigative Firm

When You've Got Questions... We've Got Answers!

5090 Richmond Ave, Suite 485 Houston, Texas 77056 (713) 353-0219 or 1-800-681-5262 Website: www.theinvfirm.com

SURVEILLANCE ASSIGNMENT FORM

DATE REQUESTED: ____/____/____

CLAIM NUMBER: _____ CLAIM TYPE: OWCP: ___ FMLA: ___ OTHER ___

CLAIMANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: ___ ZIP CODE: _____

PHONE NUMBER:(____) _____

DOB: ____/____/____ SSN: _____-____-_____

RACE: White ___ Black ___ Hispanic ___ Asian ___ Other ___

SEX: Male ___ Female ___

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

VEHICLE INFO: MAKE: _____ MODEL: _____ COLOR: _____

STATE: _____ LICENSE PLATE: _____

INJURY: _____ DATE OF LOSS/INJURY: _____

RESTRICTIONS: _____

SPECIAL HANDLING INSTRUCTIONS:

(Please check the appropriate box)

Number of Days Requested: 3-days ___ 4-days ___ 5-days ___ 6-days ___ Other _____

Do you need any specific days of surveillance worked: _____

Is this a rush assignment N Y If so, date needed by: ____/____/____

Has previous surveillance been conducted N Y If so, when: ____/____/____

Is claimant represented by counsel N Y

CLIENT INFORMATION

Company: _____

Requesters Name: _____

Phone Number: (____) _____

**THE FORM MUST BE FAXED TO (713) 353-0220 OR E-MAILED TO:
INFO@THEINVFIRM.COM BEFORE CASE IS STARTED.**