INVESTIGATIVE ASSIGNMENT REFERRAL FORM

KEYSTONE
INVESTIGATIVE SERVICES, INC.

Date: _____

www.keystoneis.com

Client Information:

Assigning Rep:	Phone: Ext:	Email:
Company:	Mailing Address:	
Attorney:	Firm:	Mailing Address:
Case Name:	Claim Number:	Budget:
Who/Which party does client represent?	Bill To:	Address Report To:

Report Handling:

❑ Email ❑ Mail ❑ Fax: _____

Special Notes:

❑ Call to discuss before proceeding ❑ Investigator to status client from field

Assignment Type:

❑ Litigation Support
❑ Workers' Compensation
❑ Liability
❑ Other Insurance
❑ Corporate/Workplace
❑ Background
❑ Locate
❑ Asset
❑ Surveillance
❑ Activity Check
❑ Live & Well Check
❑ Threat Assessment
❑ Site Investigation
❑ Hospital/Pharmacy/ Physician Search
❑ Service of Process
❑ Domestic
❑ Heir Search
❑ Document Retrieval
❑ Cyber Investigation
❑ Due Diligence
❑ Other *

❑ Subject Represented? ❑ Rush?

Deposition Taken: Y / N Prior Investigation: Y / N

Subject Information: (multiple subjects use separate forms)

Subject Name: _____
Subject Address: _____
Phone Number: _____
Social Security: _____
Date of Birth: _____
Driver's License No. / State: _____
Subject's Occupation: _____
Next Medical Appointment: _____
Treating Physician / Address: _____
Specific Injuries / Limitations: _____
Height: _____ Hair Color: _____ Sex: _____
Weight: _____ Race: _____ Photo: Y / N
Other Physical Descriptor's: _____
Married: _____ Kids: _____ Vehicle: _____
Date of Loss: _____

Secure:

❑ Police/Traffic Collision Report ❑ Personnel File ❑ Medical Authorization ❑ Medical Records ❑ Other Records

Important Dates:

❑ Trial / Hearing: _____

❑ Decision Date: _____

Video Format: ❑ DVD ❑ CD-ROM ❑ 72*

*** Special Instructions:**

CA License: PI 26751 530 South Lake Ave. Suite 706 Pasadena, CA 91101 tel: (626) 676-5170 fax: (855) 230-5311