

BLUE 22, LLC CASE FORM

Office 312-553-4464

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INVESTIGATIVE ASSIGNMENT ORDER FORM Please complete and fax or email to us securely. Our fax is 847-628-1666. You can also use save this form as an attachment and use the secured email application on our website to submit. Any questions please call our office.

Date needed by	Law Firm or Company	Your Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Address	City
<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip *	State/Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Case Title/Claimant	Your Client/Insured
<input type="text"/>	<input type="text"/>

Court Case Gen. No. & County or USDC	Your File No.
<input type="text"/>	<input type="text"/>

Date of Incident/Loss	Location of Occurrence
<input type="text"/>	<input type="text"/>

Services Requested (Please check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Activity Check/Canvas | <input type="checkbox"/> Disability | <input type="checkbox"/> Missing Person | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Asset Search | <input type="checkbox"/> Domestic/Custody | <input type="checkbox"/> Obtain Records/Reports | <input type="checkbox"/> Skiptrace |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Eavesdropping Sweep | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Contract Dispute | <input type="checkbox"/> Employment Matter | <input type="checkbox"/> Photographs/Video | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Computer Forensic | <input type="checkbox"/> Fraud Investigation | <input type="checkbox"/> Preemployment Screening | <input type="checkbox"/> Traffic Collision |
| <input type="checkbox"/> Criminal Defense | <input type="checkbox"/> Interview Witnesses | <input type="checkbox"/> Serve Legal Documents | <input type="checkbox"/> Undercover |
| <input type="checkbox"/> Death Investigation | <input type="checkbox"/> Merger & Acquisition | <input type="checkbox"/> Probate | <input type="checkbox"/> Video Related |
| <input type="checkbox"/> Internet Matter | <input type="checkbox"/> Covert/Overt Camera | <input type="checkbox"/> Worker Compensation | <input type="checkbox"/> Other |

specify:

Subject/Search Request (Complete if applicable)

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Minor Children

Company

Employment

Occupation

Vehicles

Represented

Physical Description

Sex

M F

Race

Age

Height

Weight

Hair

Eyes

Glasses

Yes No

Beard

Yes No

Moustache

Yes No

Additional Descriptions or Identifying Characteristics (Scar, Tattoos, Birth Mark, Clothes)

Injury/Activity Restriction Description or other assignment specifics:

Additional or Miscellaneous Comments