

CHICAGOLAND INVESTIGATIVE SERVICES

19261 Burnham Avenue, PMB 489

Lansing, IL 60438

Phone: (800)-556-8289 Facsimile: (219)-322-6908

ASSIGNMENT SHEET

File #:

Date of Assignment:

Investigator:

TYPE OF INVESTIGATION:

- Surveillance:
 Locate:
 Service of Process:
 Court Records:
 General Investigation:

DATE OF LOSS:

File #:

Client:

Street Address:

City/State/Zip:

Requester:

Phone:

SUBJECT:

Street Address:

City/State/Zip:

Phone:

SSN:

DOB:

Gender:

Race:

Height:

Weight:

Hair:

Style/Length:

Marital Status:

Spouses Name:

Children/Ages:

Client/Insured:

Street Address:

City/State/Zip:

Phone:

Occupation:

Point of Contact:

NATURE OF LOSS/SUBJECT'S DISABILITIES/RESTRICTIONS:

REPRESENTATION/MEDICAL INFORMATION:

Attorney:

Address:

Doctor:

Address:

Therapy:

Address:

Times & Dates of Therapy:

Length of Therapy:

IME Scheduled:

Was Prior Investigation Completed: No Yes

Results:

INSTRUCTIONS TO INVESTIGATOR:

SUBJECT'S KNOWN ACTIVITIES:

KNOWN VEHICLES:

SOUNDEX INFORMATION:

Driver's License Number:

Vehicle(s):