

CHICAGOLAND INVESTIGATIVE SERVICES

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ASSIGNMENT SHEET

Our File # :

Date of Assignment:

Investigator:

TYPE OF INVESTIGATION:

Surveillance:

Locate:

Service of Process:

Court Records:

General Investigation:

Your File #:

Company:

Street Address:

City/State/Zip:

Your Name:

Phone:

DATE OF LOSS:

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):