



**Assignment Request Form**

**Subject of Assignment**

**Claim / File #** \_\_\_\_\_

**Name**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Physical Description** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Description of Injury** \_\_\_\_\_

**Claim Information (if applicable)**

**Claim Type** \_\_\_\_\_

(Workers Comp, Personal Injury, etc.)

**Date of Loss** \_\_\_\_\_

**Insured** \_\_\_\_\_

**Okay to contact?** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Important Dates**

**Hearing / IME Date & Time** \_\_\_\_\_ **Location** \_\_\_\_\_

**Rush Assignment / Need Report By** \_\_\_\_\_

(All cases completed within 3 weeks if not specified)

**Assignment Type**

Type of Service \_\_\_\_\_  
(Surveillance, Skip Trace, Background Check, etc.)

Special Instructions / Requests \_\_\_\_\_  
\_\_\_\_\_

**Client Information**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**A Representative will confirm receipt of assignment within 24 hours. Feel free to call to discuss the assignment.**

**Please complete form and fax to (847) 356-6697**