

# Colorado Detectives

Talk with a Licensed Investigator (844) 200-3202 | Text API to 797979

## INVESTIGATION REQUEST FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Court: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Case Title: \_\_\_\_\_  
Ext./Direct Line: \_\_\_\_\_  
Your Fax No.: \_\_\_\_\_  
Attention: \_\_\_\_\_ Claim/File No.: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Please check the Searches & Services required:

- Locate Searches       Background Searches       Asset Searches  
 Surveillance       General Investigations       Litigation Support  
 Other \_\_\_\_\_

TYPE:  Individual  Business

### Subject Information

Please complete the Subject Information as completely as possible. Results are based on information provided.

Full Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
AKA's: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Subject: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Check if Known:  Corporation  Partnership  DBA  
Last Known Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Nos.: Subject: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Dirver's License Nos.: Subject: State \_\_\_\_\_ # \_\_\_\_\_ Spouse: State \_\_\_\_\_ # \_\_\_\_\_  
Business Tax ID No.: \_\_\_\_\_

Please attach copies of credit application, police report, or any other pertinent information. Remember, the more information we possess, the greater the probability of our success.

I agree that the above services will be provided for a fee of \$ \_\_\_\_\_.

I agree that the information provided above is accurate to the best of my knowledge and I authorize **Colorado Detectives** to provide the above listed services. \_\_\_\_\_

Client Signature

By signing or submitting this form, you agree to the terms and conditions and privacy policy of this website.