

**PROFESSIONAL INVESTIGATIVE GROUP  
INVESTIGATION REQUEST FORM**

Please fax to (877) 730-1588 or send a request over the Internet at [www.pigroup.net](http://www.pigroup.net)

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_ PIG Case No: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone/extension: \_\_\_\_\_

**TYPE OF INVESTIGATION** (Please note any specific or timely filing or service requirements)

- |  |   |
|--|---|
| <input type="checkbox"/> Surveillance - No. of Days/Budget _____ | <input type="checkbox"/> Statements & Interviews                              |
| <input type="checkbox"/> Background Check                        | <input type="checkbox"/> Employment Search (POE)                              |
| <input type="checkbox"/> Asset Check/Subrogation                 | <input type="checkbox"/> Records Retrieval                                    |
| <input type="checkbox"/> Pre-Employment Background Check         | <input type="checkbox"/> Electronic Debugging                                 |
| <input type="checkbox"/> Activity Check                          | <input type="checkbox"/> Executive Protection (Bodyguard)                     |
| <input type="checkbox"/> Locate/Skip                             | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Tenant Check                            | <input type="checkbox"/> Do not exceed \$ _____ without further authorization |

**Subject's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Alias: \_\_\_\_\_

**Subject's Home Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Apartment/Lot/Unit #: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Subject's Employment Information:**

Name of Employer/Business: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Suite #: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Subject's Identifiers:**

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Hair Color/Style: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Glasses: \_\_\_\_\_  
Drivers Lic#: \_\_\_\_\_ Background: \_\_\_\_\_  
Other Features: \_\_\_\_\_  
Marital Status/Spouse's Name: \_\_\_\_\_ Children: \_\_\_\_\_

**Subject's Vehicles: (If available)**

Color: _____	Yr: _____	Make: _____	Model: _____	Tag#: _____
Color: _____	Yr: _____	Make: _____	Model: _____	Tag#: _____
Color: _____	Yr: _____	Make: _____	Model: _____	Tag#: _____

**Injury Information:**

Date of Loss: \_\_\_\_\_ Claim#: \_\_\_\_\_ Type of Claim: \_\_\_\_\_  
Insured: \_\_\_\_\_ Alleged Injury/Physical Limitations \_\_\_\_\_

**Subject's Doctor(s):**

Name: \_\_\_\_\_ Appts: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Appts: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

**Subject's Attorney:**

Name: \_\_\_\_\_ Appts: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

**SPECIAL NOTES/INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_