



ANTHONY PROIETTA & ASSOCIATES INVESTIGATIONS, INC.

Insurance/Workers Comp. Investigation Information Sheet

Greenville Fax: 864-271-7902 Myrtle Beach Fax: 843-626-8060

CLIENT INFORMATION:

Name: _____

Address _____

Cell Phone _____ Can we contact you on cell Yes / No Leave message Yes / No

Work Phone _____ Can we contact you at work Yes / No Leave message Yes / No

Do you have an attorney? Yes / No Attorney's Name _____

Opposing Attorneys Name _____

CLAIMANT INFORMATION:

Subject of Investigation:(full name) _____

Address(if different from above) _____

Age _____ DOB _____ Race/Sex _____ Ht. _____ Wt. _____ Hair Color _____

Hair Length _____ Glasses _____ Tattoos/Scars _____ SS # _____

PLEASE ATTACH PHOTO OF SUBJECT (IF AVAILABLE)

Subjects Vehicle _____ Tag # _____

Does anyone else drive this vehicle? _____ Color _____

Claimant Employer _____

Address _____

Work Hours _____ Days Off _____

Lunch Hour / Breaks _____

Behavior Changes in subject _____

Does claimant have any reason to be suspicious of this investigation? _____

Claimant 's Friends / Addresses _____

Claimant 's Favorite Restaurants / Hangouts / Hobbies _____

Other Pertinent Information _____

ADDITIONAL INFORMATION:

Referred by: Yellow Page Bell South / Talking Phone Book Website

Attorney _____

Word of Mouth /Other _____