



Michael Ramey & Associates Inc
PROFESSIONAL INVESTIGATIONS

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Receipt Preference:

Send Report by:	<input type="checkbox"/> Fax _____
	<input type="checkbox"/> Mail _____
	<input type="checkbox"/> E-Mail _____
	<input type="checkbox"/> Rush Service _____
	<input type="checkbox"/> Call to Discuss Before Proceeding _____
Date Assigned:	Date Due:

Client Information:

Assigning Person:	Title:
Company Name:	
Company Address:	
Phone:	Claim Number:
Defense Atty:	
Defense Atty Address/tele:	

Subject Information:

Subject Name:	Maiden or Other Name:				
Subject Address:					
Home Phone:	Birth Date:	Social Security No:	Drivers License:		
Injury Date:	Hire Date:	Subject's Occupation:			
Spouse & Children Name(s) and Age(s):					
Type of Injury:					
Cause of Injury/Claim:					
Subject's Limitations/Restrictions:					
Race/Nationality:	Sex:	Height:	Weight:	Hair:	Age:
Additional Physical Characteristics:					
Medical Treators/address(s), tele(s):					
Description of Vehicles:					

Employer (Insured) Information:

Name:	Address:
Contact:	Contact Phone:

Use as much room as you think necessary—continue on second page if needed.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Liability | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Surveillance | <input type="checkbox"/> Unmanned surveillance |
| <input type="checkbox"/> Activities Check | <input type="checkbox"/> Statement | <input type="checkbox"/> Locate | <input type="checkbox"/> Background |
| <input type="checkbox"/> Public Records/Database | <input type="checkbox"/> Personnel File | <input type="checkbox"/> Medical Authorization | <input type="checkbox"/> Wage Statement |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Driving Record | <input type="checkbox"/> ANI-Vehicle Registration | <input type="checkbox"/> Civil |
| | <input type="checkbox"/> Criminal | <input type="checkbox"/> WCAB / WCB | |

Instructions (cont):