



INVESTIGATION REQUEST

(888) 284-2000 • FAX (888) 329-2284
cases@cvi.com • www.cvi.com

Client's Name _____

Company _____

Address _____

Phone _____ Ext. _____

Today's Date: _____

Incident Date: _____

Claim /File #: _____

SIU #: _____

Insured: _____

Type of Claim: _____

Payments: _____

Copy of Report to Defense Attorney:

Surveillance

2 Days Weekday

3 Days Weekend

Other _____

Activity Check **Disability Check**

Undercover Direct

Personal Contact

Asset Investigation

Limited Extended In-Depth

Locate

Background (Explain Below)

Statement(s)

Written Recorded Transcribed

Record Searches

Work Comp Criminal

Driver's History MVA Report

Other _____

Budget: _____

Turnaround:

Standard (2 weeks)

Rush/Date Required

Update:

Yes No Only If Active

Via Phone E-mail

E-mail Address: _____

Diary for Periodic Investigation:

Yes Frequency: _____

Prior Investigation:

Yes No

CVI File #: _____

Attach Reports if Done By Other Company or Indicate Results

Subject's Full Name _____ Nickname _____

Address _____

Phone # _____ DOB _____ SSN _____ Race _____ Sex M/F

Height _____ Weight _____ Hair Color _____ Eye Color _____

Specific Characteristics _____

Marital Status _____ Spouse's Name _____ Children /Ages _____

Vehicle Description/Tag _____ DL# & State _____

Alleged Injury: Back Other _____ Hobbies/Activities _____

Restrictions: No Work Lifting Bending No Driving _____

Current Employment (If applicable) _____ Occupation _____

Is Subject Represented? No Yes, Attorney's Name _____ Hearing Date _____

Medical/Rehab Providers/Appointments _____

SPECIFIC INSTRUCTION/OBJECTIVES/REASON FOR INVESTIGATION/ADDITIONAL INFORMATION:

Attach pertinent information such as accident reports, prior investigation reports, photos, etc.

PLEASE SEND: Additional Investigation Request Sheets Company information to: _____
Corporate Headquarters: 2424 K Street, Sacramento CA 95816