



R. H. Young, Inc.

A PROFESSIONAL INVESTIGATIVE SERVICES NETWORK
CALIFORNIA PRIVATE INVESTIGATION LICENSE: 28532
REGISTERED PROCESS SERVER: 2897

Investigation Request Services Form

Date: _____

Client / Adjuster Name : 01 _____
Company Name : 02 _____
Mailing Address : 03 _____
Physical Address : 04 _____
Billing Address : 05 _____
Phone # : 06 _____
Email Address : 07 _____

Law Office (Defense) : 08 _____
Handling Attorney : 09 _____
 Mailing Address : 10 _____
Phone # : 11 _____
Fax# : 12 _____
Email Address : 13 _____

Case Name : 14 _____
Claim # / Case # : 15 _____

Claimant / Subject : 16 _____
Address : 17 _____
Phone # : 18 _____
DOI : 19 _____
Injury(s) : 20 _____
 SSN : 22 _____
Driver's License / ID # : 23 _____
Height : 24 _____
Weight : 25 _____
Hair : 26 _____
Eyes : 27 _____
Gender : 28 _____
Ethnicity : 29 _____
Picture Attached : 30 _____
Markings / Tattoos : 31 _____
Marital Status : 32 _____
Children : 33 _____

Employer / Insured : 34 _____
Employer Address : 35 _____
Employer Contact : 36 _____
Employer Contact # : 37 _____
Employer Contact Email: 38 _____

Medical Facility : 39 _____
Doctor Name : 40 _____
Doctor Address : 41 _____
Doctor Phone # : 42 _____

Investigation Request : 43
 Activity Check Alive and Well
 Background – Social Media
 Sub-rosa – Liability
 Sub-rosa – Disability
 Sub-rosa – Workers Compensation
 One Day Two Day Three Day Other _____
 Skip Trace
 Service of Process

Specifics / Other Information: