



INVESTIGATIVE SERVICES
CORPORATE | LEGAL | INSURANCE | DOMESTIC

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ASSIGNMENT SHEET

Assignment Date: _____ Client's File #/Claim #: _____

Client/Requestor Information

Company/Client: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Preferred Contact: Phone/Email

Contact Phone Number: _____ Email Address: _____

Contact Cell/Other Phone Number (If Needed): _____

Secondary Contact (If Applicable) Name: _____

Contact Phone Number: _____ Contact Email: _____

Additional Information (If Applicable)

Case in Litigation? Yes/No Court Case #: _____

Deposition/Mediation/Trial Date: _____ Copy of Deposition Available? Yes/No

Insured (If Applicable)

Insured: _____ May We Contact? Yes/No

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Additional Contacts (i.e. Nurse Case Manager/Co-Workers)

Contact: _____ Phone #: _____

Details: _____

Contact: _____ Phone #: _____

Details: _____

Investigation Type

(Check All That Apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Surveillance Investigation | <input type="checkbox"/> Background Investigation | <input type="checkbox"/> Activity Check Investigation |
| <input type="checkbox"/> Locate/ Skip Trace Investigation | <input type="checkbox"/> Interview(s)/Statement(s) | <input type="checkbox"/> Site/Scene Photographs |
| <input type="checkbox"/> Driving Record Search | <input type="checkbox"/> Vehicle Registration Search | <input type="checkbox"/> Criminal / Civil Record Search |
| <input type="checkbox"/> Police/Incident/Accident Report | <input type="checkbox"/> Bankruptcy Search | <input type="checkbox"/> Subpoena/Document Service |
| <input type="checkbox"/> Other: _____ | | |
| Length of Investigation (i.e. # of Days/Hrs.): _____ | | \$ Cap Not To Exceed: _____ |

Subject Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail/Website/Social Network Site(s): _____

DOB: _____ SSN: _____ DL#: _____

Race: _____ Gender: _____ Is Photo Available?: Yes/No

Height: _____ Weight: _____ Hair (Color/Style): _____

General Physical Description and/or Distinguishing Features: _____

Marital Status: _____ Spouse/Significant Other Name: _____

Others Living at Residence: _____

Known Vehicles: _____

Is Subject Currently Employed: Yes/No Position Held: _____

Employer (Name/Address): _____

Additional Information (If Applicable)

Alleged Injury: _____ Date of Occurrence: _____

Restrictions/Limitations: _____

Next Dr./Therapy Appointment (Date/Time): _____

Location of Appointment: _____

Specific Information & Instructions

(Please attach additional pages and documents if necessary).