



California License # PI 188905

-CONFIDENTIAL-
REQUEST FOR INVESTIGATION

OFFICE USE ONLY	
Date Revd.:	_____
Case No.:	_____
Type Code:	<input type="checkbox"/> CIV <input type="checkbox"/> CRI <input type="checkbox"/> FAM <input type="checkbox"/> BKG

NOTICE: This form is an initial request and not a binding agreement between Fullcircle Investigations and the requester. This is a preliminary request form only. An investigator will contact you once this request is received. Please complete as much information as possible. This will assure a more thorough investigation.

A. REQUESTER (YOU)

NAME (Last, First Middle)		Phone	
Address (Number, Street, Apt/Suite)		City	State ZIP
Phone		Email	

B. REFERENCE CASES (IF APPLICABLE)

Claim Number	Police Case	DA Case	Court Case	Other
Agency/Co	Agency	County	County	Other

C. REASON FOR INVESTIGATION (REQUIRED)

<input type="checkbox"/> Continued on page 2 (Section G)

D. SUBJECT INFORMATION (INVOLVED PERSON)

NAME (Last, First Middle)		Date of Birth (if known)	Social Security (if known)	
Alias/Nicknames/Maiden Name		Driver License	State	Occupation
Home Address (Number, Street, Apt/Suite)		City	State	ZIP Code
Work Address (Number, Street, Suite/Bldg.)		City	State	ZIP Code
Phone 1		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone 2	
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Sex	Height	Weight	Hair Color	Eye Color
Other (tattoos, disabilities, etc.)				
Married/Significant Other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Represented by Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Military Background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Owns Firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Do you have a restraining order on this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Is this person a Law Enforcement Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Known activities (golf, hiking, car shows, etc.)				

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