



# Cat's Eye Private Investigations, LLC

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## Investigative Services Order Form

- Surveillance
- Records Check
- Locate
- Other \_\_\_\_\_

Date: \_\_\_\_\_  
 Budget: \_\_\_\_\_  
 or \_\_\_\_\_ days

### CLIENT INFORMATION

Client \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please choose your preferred method of receiving your report:

- Paper Report and VHS videotape (if available)
- Paper Report and video (if available) on CD-Rom
- Upload to the web page  
(a username and password will be provided once the report is available)

### CLAIMANT INFORMATION

Claimant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Unknown Children \_\_\_\_\_  
 Prior Surveillance  Yes  No Previous Report  Yes  No  
 Representation:  Yes  No Attorney Name: \_\_\_\_\_  
 Claim #: \_\_\_\_\_ Is claimant currently receiving payments:  Yes  No

### MEDICAL INFORMATION

Injury Date: \_\_\_\_\_  
 How and where did injury occur? \_\_\_\_\_

Type of Injury: \_\_\_\_\_ Restrictions: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Scheduled Appointments: \_\_\_\_\_

### INSURED INFORMATION

Insured: \_\_\_\_\_ Insured Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 OK to contact insured:  Yes  No Telephone: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_