

Jack Sandlin & Associates

SURVEILLANCE FORM

Subject Data:

Subject Name _____ S.S. # ____/____/____

D.O.B. ____/____/____ Sex _____

Current Address _____

Apt./Suite # _____

City _____ State _____ Zip _____

Phone # _____

Former Address _____

Apt./Suite # _____

City _____ State _____ Zip _____

Phone # _____

Employer _____

Occupation _____

Employment Address _____

Apt./Suite # _____

City _____ State _____ Zip _____

Phone # _____

Hair color _____ Eye color _____ Weight _____

Race _____

Other distinguishing marks/features _____

Marital Status ()S ()D ()M ()W Spouse's Name _____

Maiden Name _____

Vehicle Information:

Make _____ Model _____

Year _____

Registration Number _____

State of Registration _____

License Plate _____

Other identifying information _____

Claim Information (if applicable):

Alleged Injury _____

Claim # _____ Date of Loss ____/____/____

Insured _____

Type of Claim _____

Previous Surveillance Performed? ()Yes ()No (If Yes, attach report)

Jack Sandlin & Associates

METHOD OF PAYMENT FORM

We do not allow open billing. Prepayment is required.

Please Indicate Your Method of Payment:

___ Enclosed is my check/money order in the amount of \$ _____ (Note: \$25.00 service fee on returned checks)

___ Please charge my Credit Card (You may pay by Credit Card over the phone. Simply call 1-800-CALL-CASH and place the funds into the system for us. Paying us by credit card via Western Union is discreet, secure, and simple.



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*I understand that I am placing an order or orders for investigative services or research utilizing electronic or mechanical databases. I also understand that **Jack Sandlin & Associates** may be performing a service based on information that I have provided. **Jack Sandlin & Associates** has not independently verified information provided by me or information obtained through such databases, and assumes no liability for the accuracy of any such information. Further, I fully understand that **Jack Sandlin & Associates** is providing a professional service and cannot guarantee a desired result. I agree that **Jack Sandlin & Associates** is held harmless for errors or omissions and cannot guarantee the accuracy or completeness of reports or the fees charged by any such databases. I understand that requests may not be cancelled and all payments for services are nonrefundable.*

*I also understand that in the event I retain **Jack Sandlin & Associates** to perform investigative services at an hourly rate, **Jack Sandlin & Associates** will cease its investigative efforts once the initial retainer is depleted unless further work is authorized in writing and an additional retainer deposit is received. I certify that all requests are submitted in accordance with the FCRA 91-509 and all other laws, including, but not limited to Federal and State privacy laws that may apply.*

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