

PROFILES INVESTIGATIONS

ASSIGNMENT INTAKE FORM *Clearly Print the Following Information*

DATE: _____

REQUESTER'S INFORMATION:

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

TEL.: _____ FAX: _____ EMAIL: _____

SUBJECT'S INFORMATION:

NAME: _____ DOB: _____

ADDRESS: _____

CLAIM NUMBER: _____ DAYS/HOURS AUTHORIZED.: _____

(circle one)

VEHICLE: _____

PHYSICAL DESCRIPTION: _____

DISABILITIES/COMPLAINTS: _____

BEGIN: _____ DEADLINE: _____

MISCELLANEOUS/CONCERNS: _____

Account Number: _____

(if applicable)