

MILES INVESTIGATIONS, INC.

REQUEST FOR INVESTIGATION

Scan and Email Request for Investigation to: info@milesinvestigations.com

Fax Request to: 503-574-2772 Call in Request: 503-574-2771

Miles Case No.: _____

ACCOUNT NO.: _____ DATE OF REQUEST: _____

SURVEILLANCE CLAIMANT STMT – IN-PERSON AOE/COE SERVICE OF PROCESS
 BACKGROUND CHECK CLAIMANT STMT – TELEPHONIC PHARMACY CANVAS DOMESTIC / OTHER
 SOCIAL MEDIA CHECK WITNESS STMT LOCATE _____

YOUR NAME: _____ NUMBER: _____

BILL TO: _____ EMAIL: _____

ATTORNEY WORK PRODUCT: NO: _____ YES: _____ DEFENSE ATTORNEY: _____

CLAIM TYPE: _____ DOI / ACCIDENT / ILLNESS / DEATH: _____

INJURY TYPE: _____

SUBJECT: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

SSN: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ OCCUPATION: _____

EMP. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER CONTACT(S): _____

SURVEILLANCE AT: _____

NO. OF DAYS: _____ WEEKDAY: _____ WEEKEND: _____

DESCRIPTION: HEIGHT: _____ WEIGHT: _____ COMPLEXION: _____ PHOTO: _____

SEX: _____ HAIR: _____ GLASSES: _____ MARRIED: _____ CHILDREN: _____

Special Instructions

ORDER NOW