

Investigation Assignment Form

Claimant/Plaintiff

Insured/Defendant

NAME

NAME

ADDRESS (Mail and Location of Residence)

CONTACT

SSN DATE OF BIRTH DL NO STATE

TELEPHONE NO.

HEIGHT WEIGHT HAIR EYES BUILD

Date of Loss: _____

RACE, SEX TELEPHONE(S) VEHICLE DESCRIPTION

Location- _____

DOCTOR'S NAME ADDRESS

TELEPHONE NO. NEXT APPOINTMENT

Description of Loss (Nature of Injuries)- _____

Claimant/Plaintiff Represented: YES NO

Attorney, _____

Surveillance for _____ Days

Activity Check

Courthouse check in _____

Interview Witness(es)

Photo/Diagram Scene

Find Witness(es) _____

Other Instructions (Physical Limitations, etc.), _____

Client: _____

Client's Contact: _____

Address: _____

Telephone- _____

City/State/Zip: _____

Fax Number: _____

Client's File/Claim No.: _____

Reports To: _____ Invoices To: _____

FOR ACADIAN RESEARCH OFFICE USE, ONLY

Acadian Research File No.: _____ Agent Assigned: _____

Date Received: _____ Time Received: _____

Telephone (337) 261-3304

Fax (337) 261-1903

Telephone (800) 531-5259

E-mail: richard@acadianresearch.com

E-mail: ronald@acadianresearch.com