

PACIFIC LEGAL INVESTIGATIONS, INC.
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Assignment Date: CLAIMANT REPRESENTED? YES NO
LIABILITY INVESTIGATION SURVEILLANCE WORKERS' COMPENSATION

CLAIMANT: DOB: SS#:
ADDRESS:
DESCRIPTION:
VEHICLE INFORMATION:
HOME PHONE #: WORK #: CELL#:
OCCUPATION: DOL: CLAIM #:
INSURED: CONTACT:
ADDRESS: PHONE #:

ACCIDENT DESCRIPTION AND INJURED BODY PART:

INSTRUCTIONS

- SURVEILLANCE
ACTIVITY CHECK INTERVIEWS
CLAIMANT
WITNESSES
EMPLOYER/SUPERVISOR
BACKGROUND CHECK
ACCIDENT INVESTIGATION

SECURE

- BIRTH CERTIFICATE
DIVORCE RECORDS
MARRIAGE LICENSE
MEDICAL AUTHORIZATION
DMV RECORDS
WAGE STATEMENT
POLICE REPORT
OTHER (PLEASE LIST BELOW)

CHECK:

- AOE/COE
ASSETS/INCOME
PRIOR EMPLOYMENT
PAST MEDICAL HISTORY
LOCATE WITNESS
WCAB RECORDS
SUBROGATION
CIVIL COURT SEARCH
CRIMINAL COURT RECORDS

ADDITIONAL INSTRUCTIONS/REASON FOR SURVEILLANCE:

CLIENT NAME, ADDRESS:

PHONE: FAX: E-MAIL:

REPORT DUE: SEND COPIES TO ATTORNEY/REPRESENTATIVE:

PLEASE CALL PLI FOR CONFIRMATION OF RECEIPT AT (916) 925-3579

SEE US AT www.pli.com