

# Batten Investigations, Inc.

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## Investigative Request Form

Claim Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Client: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Monetary Cap: \$ \_\_\_\_\_ Rate Charge: \_\_\_\_\_ Retainer Received: \_\_\_\_\_

Date of Initial Contact With Client: \_\_\_\_\_ Time Limits: \_\_\_\_\_

Subject of Investigation: \_\_\_\_\_

Subject's Spouse (if applicable): \_\_\_\_\_

Description: \_\_\_\_\_

Address: \_\_\_\_\_

*\*Is subject receiving correspondence at this address on this date; if so, when*

\_\_\_\_\_

Phone Number: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer at Date of Injury: \_\_\_\_\_

Current Employer (if any): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Known Vehicles: \_\_\_\_\_

Purpose of Investigation: \_\_\_\_\_

Previous Investigation: \_\_\_\_\_ Is Subject Represented/By Whom: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

Specific Instructions \_\_\_\_\_

Type of Claim: \_\_\_\_\_

Other Information: \_\_\_\_\_