



Attorney's Certified SERVICES

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SKIP TRACE – INVESTIGATIVE REQUEST

Client Name & Address: _____ County: _____

Telephone: _____ Court Branch/Location: _____

Fax Number: _____ Limited Under 10K Over 10K Unlimited U.D.

Contact: _____ Case Number: _____

Email Address: _____ Case Title: _____

File Number: _____

Please check the services required:

SEARCHES		OTHER SEARCHES	
<input type="checkbox"/> Asset- Basic	<input type="checkbox"/> Locate- Due Diligence	<input type="checkbox"/> Statement & Interviews	
<input type="checkbox"/> Asset- Extensive	<input type="checkbox"/> Employment Search	<input type="checkbox"/> Surveillance- Activity Check	
<input type="checkbox"/> Bank-Basic (Financial)	<input type="checkbox"/> Pre-Employment Background	<input type="checkbox"/> Mobile Document Photocopy	
<input type="checkbox"/> Bank-Extensive (Financial)	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Process Service/ Messenger	
<input type="checkbox"/> Locate- Basic Skip Trace	<input type="checkbox"/> National Public Records		
<input type="checkbox"/> Locate- Extensive Skip Trace	<input type="checkbox"/> Public Records Retrieval		

SUBJECT OF REQUEST

TYPE: Individual Business

Full Name: _____ Spouse: _____

AKA's: _____ Date of Birth: _____ Subject: _____ Spouse: _____

Business Name: _____ Check if Known: [] Corp. [] Partnership [] DBA

Last Known Residence: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Last Known Residence: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Employed By: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Nos.: Subject: _____ - _____ - _____ Spouse: _____ - _____ - _____

Driver's License Nos.: Subject: State _____ # _____ Spouse: _____ # _____

Business Tax ID No.: _____

SPECIAL INSTRUCTIONS:

Please attach copies of credit application, police report, or any other pertinent information. Remember, the more information we possess, the greater the probability of our success. Provide spousal information when available. Please note any specific or timely service requirements.

Do not exceed \$ _____ without further authorization.