



PROBLEM SOLVED.

Phenix Investigations, Inc. | Corporate Office
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National & International Services Available

INVESTIGATION REQUEST FORM

Case #: \_\_\_\_\_ New Client?:  Yes  No Service Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Number of Days Requested: \_\_\_\_\_ Type of Investigation: \_\_\_\_\_
Reason for Investigation: \_\_\_\_\_ Cap Amount \$\_\_\_\_\_ Claim#: \_\_\_\_\_
Subject's Name: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_\_
Subject's Address: \_\_\_\_\_
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_
Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Alleged Injury(s): \_\_\_\_\_
Marital Status:  Married  Single Number of Children: \_\_\_\_\_ Other Relations \_\_\_\_\_
Physical Description: \_\_\_\_\_
Has Case Been Worked By Another Firm?  Yes  No Who: \_\_\_\_\_
Has Subject Retained Counsel?:  Yes  No Who: \_\_\_\_\_
Is the Subject Receiving Medical Treatment?: \_\_\_\_\_
Additional Information or Special Instructions: \_\_\_\_\_
Background Check  Yes  No \_\_\_\_\_

Contact Person: \_\_\_\_\_ Company: \_\_\_\_\_
Title: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_\_
Fax #: (\_\_\_\_)\_\_\_\_\_ Email Address: \_\_\_\_\_
Address: \_\_\_\_\_
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_
Other Contacts: \_\_\_\_\_ Referral by: \_\_\_\_\_
How Did You Hear About Phenix?: Website | Marketing Rep | Mailer | Other: \_\_\_\_\_
Are You Representing A Client?:  Yes  No
If so, What Client Are You Representing?:
(Client Name) \_\_\_\_\_ (Contact) \_\_\_\_\_
Corporate Clients: How is your company insured?:  Self Insured  Supplemental Insurance  TPA
Insurance Carrier: Name of Insurer \_\_\_\_\_

FAX COMPLETED FORM TO 317-788-4524