

BAECHLER INVESTIGATIVE SERVICES
(800) 726-9401 fax: (619) 464-5651
Main Office: P.O. Box 19727
San Diego, CA 92159
www.investigative.net email: admin@investigative.net

Date Assigned _____ Requested Due Date _____ Assigned By _____
Company/Firm _____ Phone (_____) _____ Ext. _____
Address _____ City _____ State _____ Zip _____ Email _____ @ _____
Defense Attorney _____ Firm Name _____ Phone (_____) _____ Ext. _____
Address _____ City/State/Zip _____ Email _____ @ _____

TYPE OF INVESTIGATION REQUESTED: (Check all that apply) CLAIM NUMBER _____

- Field Interviews Claimant Witnesses Other _____
 Subrosa Number of Days Requested _____ Activity Check Background Check
 Subrogation Traffic Related Industrial Related Photographs _____
 Discovery Cut Off _____ Depo Date _____ Trial Date _____ SIU

Other type of investigation or facts of case: _____

Special Instructions: _____

Employer Insured (Name) _____

Address: _____ City/State/Zip _____

Point of Contact _____ Phone (_____) _____

CLAIMANT: _____ Alias(s) _____

Address: _____ City/State/Zip _____

Phone (_____) _____ Birth Date _____ SSN _____ / _____ / _____

Driver's Lic. # _____ Ht.: _____ Wt.: _____ Hair: _____ Identifiers _____

Other Information _____

Currently Working or LDW _____ Date of Injury _____ Represented by Council Yes No

Alleged Injury/ Restrictions : _____

Dr. Name _____ Next Appt. Date: _____ Time: _____

Address _____ Phone (_____) _____

PLEASE FAX THIS FORM ALONG WITH ANY DOCUMENTATION ON THIS CLAIM WHICH WOULD BE HELPFUL TO THE INVESTIGATION TO OUR OFFICE AT, (619) 464-5651. THANK YOU.

BIS OFFICE USE:

Date Received _____ By _____ Case # _____ Area: LA SD OC CC RS NCF NCS