

Baechler Investigative Services

Los Angeles, Irvine, Riverside, Fresno, Oakland, Sacramento, San Diego
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RUSH

Need by _____

REQUEST FOR INVESTIGATION

Date Assigned _____ Due Date _____ Assigned By _____

Company/Firm _____ Phone: (_____) _____ Ext. _____

FAX # (_____) _____ Email: _____ @ _____

Address: _____ City _____ St: _____ Zip _____

Defense Attorney: _____ Phone: (_____) _____ Ext. _____

FAX # (_____) _____ Email: _____ @ _____

Address: _____ City _____ St: _____ Zip _____

TYPE OF INVESTIGATION REQUESTED: CLAIM NUMBER _____

AOE/COE ER Level EE Level Subrogation Subrosa- Number of Days Requested _____

Activity Check Background Check Records locate and/or copy SIU Fraud Review

Other (Please Specify) _____

EMPLOYER: _____

Address: _____ City _____ St: _____ Zip _____

Point Of Contact: _____ Phone (_____) _____ Ext. _____

CLAIMANT: _____ Alias(s) _____

Address: _____ City _____ St: _____ Zip _____

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

Driver's Lic. # _____ St: _____ Ht: _____ Wt: _____ Hair: color _____ length _____ style _____

Comments: _____

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

Alleged Injury/Restrictions _____

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

Address _____ City _____ St _____ Ph: (_____) _____

PLEASE FAX THIS FORM AND ANY DOCUMENTATION ON THIS CLAIM WHICH WOULD BE HELPFUL TO THE INVESTIGATION TO OUR OFFICE AT: (619) 464-5651

BIS OFFICE USE: Date Received _____ By _____ Case # _____ Area _____