



Capital Investigation Services

Your Details:

Please supply your full contact information. Note: fields marked with an * are required and must be completed.

First Name: * _____ Last Name: _____

Company: (If Applicable) _____

Address: * _____

Address 2: _____

City: * _____ State: * _____ Zip Code: _____

Country: (if non US) _____

Telephone: * _____ Extension: (If Applicable) _____

Fax: _____

E-mail Address: * _____

Social Security # _____ - _____ - _____

Date of Birth: ____/____/____

State Drivers License # _____

Best time to contact: AM: PM: ANY:

Preferred Method: Phone Email Mail

Investigation Type

Please choose one which best describes your request. Check the box to the "left" of the service desired.

- ☐ Asset Search
- ☐ Infidelity
- ☐ Surveillance
- ☐ Background Check
- ☐ Computer Forensics
- ☐ Criminal Defense
- ☐ Cyber / Internet / E-mail Electronic Surveillance Detection / TSCM Fraud /
- ☐ Theft Interview / Statement Litigation Support Locate/Skip Trace Missing
- ☐ Persons Non-public Information Services (Telephone #s, Tolls, Utilities, etc.)
- ☐ Polygraph Pre-employment Screening Undercover
- ☐ Other: (Please specify)

Reason for Request

Please outline the reason you require this investigation.

*

Relationship to Subject: * (Family, Friend, Creditor, Employer, etc.) _____



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Subject Details

Please provide as much information as possible about the subject or your investigation.

Your Case/File # _____

Full (Proper) Name: (Example: John Q. Public) _____

or Company Name: _____

(Last Known) Address: _____

Address2: _____

City: _____ State: _____ Zip: _____

Country: (if non US) _____

Telephone: () _____ - _____

E-mail Address: (johnndoe@aol.com) _____

Social Security # _____ - _____ - _____

Gender: *Male: Female:*

Date of Birth: or Approximate Age: _____

Marital Status: (Single, Married, Divorced, Separated or Widowed) _____

Automobile Make: (Ford, Mercedes-Benz, Pontiac, GM etc.) _____

Automobile Model: (2 door, 4 door, SUV, Pickup, Truck etc.) _____

Automobile Color: _____

Automobile Registration / Tag # _____

State of Registration: _____

Identifying Features:

Height: feet inches _____

Weight: lbs. _____

Hair Color: Length/Style: _____

Eye Color: _____

Race: (White, Black, Hispanic, Asian e.g.: Chinese), etc. _____

Distinguishing Marks: (Scars, Tattoos, Piercings etc.) _____



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Please include below ANY further information you know about the subject, such as the High school or college attended, type of work they do (or did), city or state of birth, what city or state you believe or know they live in now, professional memberships i.e. unions, accountant, dentist, likes and dislikes, hobbies, etc. EVERY detail you can give may help us solve your case more quickly.

Other Details: _____

Other Request:

☐ Please send literature

☐ Use discretion when contacting me

Please note: Submitting this form does not constitute a contract or agreement that Capital Investigation Services will perform any services on your behalf. Once we receive your information, we will review your case and an agent will contact you by the method you have chosen above to discuss your options. All information supplied is kept strictly confidential. A case is considered accepted when an [INVESTIGATIVE SERVICES AGREEMENT](#) has been fully executed and submitted to Capital Investigation Services. If the client elects not to, or fails to, complete and submit the [INVESTIGATIVE SERVICES AGREEMENT](#), the client acknowledges and approves that the standard (default) published provisions of the agreement will apply. Only the final written quoted rates and costs fields may be modified for the purposes of the standard (default) published [INVESTIGATIVE SERVICES AGREEMENT](#).

Certification and Affidavit:

By submitting this online form, I hereby certify and affirm that the information supplied above is true and accurate to the best of my knowledge at this time. I further represent and affirm that I am authorized to order and financially contract for this assignment and am not prohibited by any court order to conduct said investigation. I understand that my knowingly supplying false or misleading information may result in my case being rejected. I will forfeit any and all funds that may be paid to the Agency pertaining to this case if any information is discovered to be false, misleading, or compromising the ethical and/or legal obligations of the agency.