



Vanhorn & Vanhorn

PROFESSIONAL INVESTIGATORS

215 West Main Street
Clarksburg, WV 26301
Telephone: (304) 623-1362
Fax: (304) 623-1363

30 West Franklin Road
Roanoke, VA 24010
Telephone: (540) 362-1372
Fax: (540) 362-9272

E-mail: VanhornPI@aol.com

Video Surveillance

Activities Check

Other

Date ___/___/___ Completion Deadline ___/___/___ Trial or Hearing Date ___/___/___

Subject _____ Social Security # ___/___/___

Address _____

City _____ State _____ Zip _____ Phone # _____

If two crews are needed, is permission granted to proceed? _____

Physical Description _____

Date of Birth ___/___/___ Sex ___ Race _____ Marital Status _____ Spouse's Name _____

Subject's Vehicles _____

Alleged Injury _____

Physical Restrictions _____

Claim # _____ Date of Loss ___/___/___ Insured _____

Type of Claim _____ Previous Surveillance Performed? Yes No (If "Yes", attach report)

Does the claimant have a history of violent behavior? Yes No (If yes, two crews are necessary)

What is the purpose of the investigation? _____

Special Instructions _____

Are there specific days for the surveillance to be conducted on? Yes No (If yes, what days?) _____

Restrictions: Day or \$ Limit _____

Client _____ Company _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Fax _____ E-mail _____

Is there a secondary contact for this case? Yes No (If yes, fill in the form below)

Client _____ Phone _____

Fax _____ E-mail _____

Are you a first time client? Yes No Referred by _____