



GRYPHON CONSULTING SERVICES, LLC

Investigations Division

New Client Investigation Request Form

Client's Full Name: _____ Date: _____

Current Address: _____ Court Case No.: _____

_____ Type of Case: _____

Telephone(s): _____

Relationship to Subject below: _____

Children in Common: _____

Occurrence Dates / Date of Loss / Additional Info.: _____

☐ **RUSH/Urgent Request** (Extra Charges will Apply)

Please check all Searches and Services required: Type: ☐ Individual ☐ Business

- | | | |
|--|---|---|
| <input type="checkbox"/> Asset Searches | <input type="checkbox"/> Basic <input type="checkbox"/> Extensive | <input type="checkbox"/> Insurance Fraud Investigation / Surveillance |
| <input type="checkbox"/> Background Checks | <input type="checkbox"/> Civil <input type="checkbox"/> Criminal | <input type="checkbox"/> Workers' Compensation & Liability Claim(s) |
| <input type="checkbox"/> Workplace Violence | | <input type="checkbox"/> ADOT/MVD Records Research |
| <input type="checkbox"/> Computer Forensics | | <input type="checkbox"/> Court Records Research |
| <input type="checkbox"/> Infidelity/Child Custody Investigation | | <input type="checkbox"/> On-site Inspections or Surveillance |
| <input type="checkbox"/> Other type of Investigation(s) | | <input type="checkbox"/> Skip Trace / Locate for Individuals & Businesses |
| <input type="checkbox"/> Letter of Clearance | | <input type="checkbox"/> Telephone Trace – Number(s) _____ |
| <input type="checkbox"/> Service of Process (SOP) | | <input type="checkbox"/> Written & Recorded Witness Interviews |
| <input type="checkbox"/> Difficult Process Services for Evasive Subjects | <input type="checkbox"/> DUI Case Review / Crash Case Review | |
| <input type="checkbox"/> Firearms Training (LEOSA/NRA/CCW): | <input type="checkbox"/> Biological Parent(s) Skip Trace / Locate | |
| <input type="checkbox"/> Other: _____ | | |

Information About the Subject:

Please complete subject information as completely as possible. Results are based on information provided.

Full Name: _____ AKA's: _____ Spouse: _____

Current Address/Last Known: _____

City: _____ State: _____ Zip Code: _____

Telephone/ Contact #s: _____ Subject: _____ Partner/Spouse: _____

Date(s) of Birth: _____ Subject: _____ Partner/Spouse: _____

Physical Description (Height/Weight/Hair/Eyes/Tattoo/etc.) _____

Employment (Address, contact #, Title): _____

Vehicle Description (Year, Make, Model, Color, License Plate or anything else): _____

Special Instruction/Additional Info.: _____

Please attach copies of credit application, police report, or any other pertinent information.

Remember, the more information we possess, the greater the probability of our success.

Provide spousal/children information to include photos, if available.

I agree that the above services will be paid prior to starting and provided for a fee of \$ _____.

I agree that the information provided above is accurate to the best of my knowledge, and I authorize Gryphon Consulting Services, LLC to provide the above-listed services. Gryphon Consulting Services, LLC, should be held harmless from any claim, cause of action, or other liability that may arise as a result of furnishing any of the documents to you or your company or as a result of the use of these documents.

Client Signature

Date

PO Box 6508 | Scottsdale | AZ | 85261 · Phone (480) 770-4644

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