Nick Harris Detectives California Pl 23020

Name: (I	Last name,	First nam	e, Middle initial)			Date:		
Street Ad	Street Address				City			Zip code	
Home Te	ome Telephone Mobil			Mobil Telephon	obil Telephone Fax				
Referred by: (How did you hear about Nick Harris Detectives)				CA Driver License	Number*	* Social Security Number*			
						*Used	 for identification	on verification only.	
<u>SERV</u>	ICES &	FEES	<u>.</u>						
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30423 Canwood Street, #201, Agoura Hills, CA 91301 Telephone: 818-343-6611; Fax: (818) 994-7427;

Name: (Last name, First name, Middle initial)						Date Of Birth:			Birth:	
Street A	ddress (Ho	me and/or	Work?)			City		State	Zip code	
Home Telephone Mobil Telephon					Гelephone	e Socia		Social Security Nu	al Security Number	
Relationship to Subject: (Spouse, Girl/Boyfriend,				end, Business	l, Business, Etc)		ver License Numbe	r Vehicle I	Vehicle License & Description	
Gender	Race	Age	Height	Weight	Hair	Eyes	Identifying Mark	as or Tattoos		
<u>SECO</u>	NDAR	Y SUBJ	IECT INFO	RMATIO	<u>N</u> :					
Name: (Last name, First name, Middle initial)								Date Of I	Birth:	
Street A	Street Address (Home and/or Work?)					City		State	Zip code	
Home T	elephone			Mobil	Γelephone	<u> </u>		Social Security Nur	mber	
Relation	ship to Sub	oject: (Spo	ouse, Girl/Boyfri	end, Business	, Etc)	CA Dri	ver License Numbe	r Vehicle I	icense & Description	
Gender	Race	Age	Height	Weight	Hair	Eyes	Identifying Mark	as or Tattoos		
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SECONDARY SUBJECT INFORMATION: Name: (Last name, First name, Middle initial)					<u>N</u> :			Date Of I	Birth:	
	Street Address (Home and/or Work?)					City		State	Zip code	
Name: (ddress (Ho	me and/or	work:)							
Name: (ddress (Ho	me and/or	work:)	Mobil	Геlephone	<u> </u>		Social Security Nur	mber	
Name: (Street A	elephone		ouse, Girl/Boyfri				ver License Numbe	·	mber License & Description	

INVESTIGATOR'S NOTES:

INVESTIGATION TYPE	INTERVIEW / STATEMEN	<u>OBTAIN</u>
() Asset Search	() Employee	() WCAB Records
() Background	() Co-workers	() Personnel Records
() Criminal	() Witnesses	() Wage Records
() Missing Person	() Employer	() Medical Records
() Personal Injury	() Supervisor	() Medical Authorization
() Process Service	() Doctor(s)	() Physical Evidence
() Skip Trace	() Third Party(s)	() Police Reports
() Surveillance	() Police Reports	() Death Certificate
() Undercover	() Other	() Birth Certificate
() Other	() Other	() Other
Estimated Costs: CM Hours_	+ FA Hours	_@\$75+ Research+
Documents+ Court	+ Report + Mileage	@\$.45 Total
Goals: 1.		
2.		

Telephone: 818-343-6611 Fax: (818) 994-7427;