

JOHN A. DEMARR, P.I.

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SURVEILLANCE/ACTIVITY CHECK INFORMATION SHEET

Name: _____ Attention: _____
Address: _____ Date: _____
City, State, Zip _____ Court: _____
Telephone: _____ Case No.: _____
Cell Phone: _____ Case Title: _____
Your Fax No.: _____ Claim/File No.: _____
Your Email: _____ Date of Loss: _____

PLEASE NOTE ANY SPECIFIC OR TIMELY FILING OR SERVICE REQUIREMENTS

Please check the services required: Video Surveillance Activity Check Other _____
GPS Rental included with surveillance: Yes No GPS Rental Agreement Attached

Date: ____/____/____ Completion Deadline: ____/____/____ Trial or Hearing Date: ____/____/____

Subject: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

If two crews are needed (i.e., rural cases), is permission granted to proceed? Yes No

Description: Age: ____ Height: ____ Weight: ____ Race: _____ Sex: ____ Hair: ____ Glasses: ____

Date of Birth: ____/____/____ 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)

What is the purpose of this investigation? _____

Special Instructions: _____

Are there specific days for the surveillance to be conducted? Yes No (If "Yes," What Days? _____)

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

Client: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Referred by: _____

I agree that the above services will be provided for a fee of \$ _____.

I agree that there will be a cancellation fee of \$ _____ for all surveillance assignments.

I agree that the information provided above is accurate to the best of my knowledge and

I authorize John A. DeMarr, P.I. to provide the above listed services. _____

Client Signature