



**Anderson & Associates, Inc.**  
 Solid Experience. Quality Investigations. Credible Solutions.

**Investigation Request Form**

Please print and fax the following form to order investigative or consulting services from J.F. Anderson & Associates. FAX: 847.608.8051. If desired, please feel to call our office and we can take your information over the phone, or email your information to [janderson@jfandersonassociates.com](mailto:janderson@jfandersonassociates.com).

Date \_\_\_\_\_ Type of Claim/Incident \_\_\_\_\_ File No. \_\_\_\_\_  
 Subject \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Plaintiff Attorney \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Date/location of loss (please attach any police reports) \_\_\_\_\_

**Check Services Desired**

<input type="checkbox"/> AOE/COE	<input type="checkbox"/> Legal Investigation	<input type="checkbox"/> Scene Investigation
<input type="checkbox"/> Background Check	<input type="checkbox"/> Locate/Asset Search	<input type="checkbox"/> Statements
<input type="checkbox"/> Corporate Investigation	<input type="checkbox"/> Mortgage Investigation	<input type="checkbox"/> Subrogation
<input type="checkbox"/> Claim/Underwriting Investigation	<input type="checkbox"/> Pre-employment Screening	<input type="checkbox"/> Witness Canvass
<input type="checkbox"/> Other (please describe below)		

Description of loss/incident and special instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Limit investigative charges to \$ \_\_\_\_\_ or hours to \_\_\_\_\_.  
 Person requesting investigation \_\_\_\_\_ Email \_\_\_\_\_  
 Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Defense Counsel Name \_\_\_\_\_ Firm \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Thank you. We will respond to your request within 24 hours. If you have an immediate need, please call (office) 847.531.8200 or (cell) 630.926.2120.