



Coburn Investigative Agency, Inc.

P.O. Box 1828, Woodland Park, CO 80863

800-CIA-0072, Fax 866-CIA-0070

cia007.com

Request Form

Investigations

<input type="checkbox"/>	Activity Check	<input type="checkbox"/>	Drop Car	<input type="checkbox"/>	Pretext
<input type="checkbox"/>	Surveillance	<input type="checkbox"/>	Threat Assessments	<input type="checkbox"/>	Employment Verification
<input type="checkbox"/>	Fraud	<input type="checkbox"/>	Other (Explain)		

Medical History Services

<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Mail Order Pharmacy	<input type="checkbox"/>	Podiatry
<input type="checkbox"/>	Cardiologist	<input type="checkbox"/>	Massage Therapy	<input type="checkbox"/>	Public Health / Free Clinic
<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Pulmonology
<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Respiratory Therapy
<input type="checkbox"/>	Dental	<input type="checkbox"/>	Oncology	<input type="checkbox"/>	Sleep Specialists
<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	Optometry/Ophthalmology	<input type="checkbox"/>	Sports Medicine
<input type="checkbox"/>	ENT	<input type="checkbox"/>	Orthopedic	<input type="checkbox"/>	Surgical Centers
<input type="checkbox"/>	ER	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>	Urgent Care
<input type="checkbox"/>	Hematology	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Veterans Hospital
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Lab	<input type="checkbox"/>	Physicians	<input type="checkbox"/>	Xray/MRI
<input type="checkbox"/>	Medical Inspection	<input type="checkbox"/>	Other (Explain)		

Check here if you have a signed Medical Release. If so, please provide a copy.

Social Networking Services

<input type="checkbox"/>	Social Networking Background	<input type="checkbox"/>	Social Networking Monitoring
Special Directives:			

Backgrounding Services

<input type="checkbox"/>	Address History	<input type="checkbox"/>	Death Investigation	<input type="checkbox"/>	Locates/Skip Tracing	<input type="checkbox"/>	Real Estate & Property
<input type="checkbox"/>	Aircraft Ownership	<input type="checkbox"/>	Deed Transfers	<input type="checkbox"/>	Marriage/Divorce	<input type="checkbox"/>	Rental Car Retrieval
<input type="checkbox"/>	Alias Name(s)	<input type="checkbox"/>	Despondency Check	<input type="checkbox"/>	Medical Record Retrieval	<input type="checkbox"/>	Sex Offender
<input type="checkbox"/>	Alive & Well Check	<input type="checkbox"/>	Driver License	<input type="checkbox"/>	Pilot License	<input type="checkbox"/>	SSN Verification
<input type="checkbox"/>	AOE/COE	<input type="checkbox"/>	Driving Records	<input type="checkbox"/>	Police/Accident Report	<input type="checkbox"/>	UCC Filings
<input type="checkbox"/>	Asset Check	<input type="checkbox"/>	DMV Registration	<input type="checkbox"/>	Possible Associates	<input type="checkbox"/>	Vehicle Ownership
<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>	Employee Misconduct	<input type="checkbox"/>	Possible Relatives	<input type="checkbox"/>	Voter Registration
<input type="checkbox"/>	Business Ownership	<input type="checkbox"/>	Gym Membership	<input type="checkbox"/>	Pre-Employment Screen	<input type="checkbox"/>	Watercraft Ownership
<input type="checkbox"/>	Civil Background	<input type="checkbox"/>	Hunting/Fishing Permit	<input type="checkbox"/>	Professional Licensing	<input type="checkbox"/>	Weapons Permit
<input type="checkbox"/>	Criminal Background	<input type="checkbox"/>	Liens & Judgements	<input type="checkbox"/>	Other (Explain)		

Deep Internet Searches

<input type="checkbox"/>	Deep Internet Search
Special Directives:	

Other

<input type="checkbox"/>	Please describe any other type of investigation that you may need. We will contact you directly to discuss the assignment.
Special Directives:	



Please enter any applicable information below:

Client Information

Referral Number		Requestor	
Claim/Case Number		Requestor Title	
Company		Contact Phone	
Billing Address		Contact Email	
Date Requested		Due Date	
Authorization/Budget # of Days		Misc. Information	

Claimant / Subject Information

Claimant Name		Date of Injury	
Alias(es)		Injury	
Full Address		Medical Restrictions	
Phone Number			
SSN			
Date of Birth		Claimant Attorney	
Occupation		Attorney Address	
Marital Status		PCP	
Primary Language		PCP Address	
Previous Investigations?		If yes, please provide any available reports.	

Policy Holder Information

Policyholder		PH Contact	
Full Address		PH Contact Phone	
Phone			

Case Details

Objective	
Upcoming Appointment(s)	
Additional Information	

All Information is handled on a Confidential Basis.

Please email to cia@cia007.com with any accompanying documentation. We will send you an acknowledgement when we receive your request. Thank you.

Thank you for Choosing Coburn Investigative Agency, Inc.
We will contact you if we have further questions.



Coburn Investigative Agency
Gathering Intelligence, intelligently