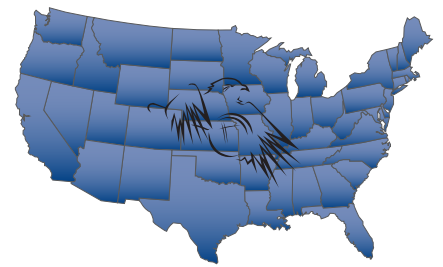




# BLUE EAGLE

## INVESTIGATIONS®

<https://www.blueeagleinvestigations.com>



### CASE ASSIGNMENT FORM

Date: \_\_\_\_\_

Claim # \_\_\_\_\_  WC  Liability  Other \_\_\_\_\_

Surveillance  Statement/Interview  Social Media Search  Alive & Well Checks

Activities Check  Skip Trace/Location  Other \_\_\_\_\_

Deadline \_\_\_\_\_

Significant Dates (Dr Appt, Hearings, Etc) \_\_\_\_\_

Subject Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ SSN # \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_

Description: Height \_\_\_\_\_ Weight \_\_\_\_\_ Spouse \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Dependents \_\_\_\_\_

Other \_\_\_\_\_

Vehicles \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Alleged Injury \_\_\_\_\_ Date Of Loss \_\_\_\_\_

Insured/Address \_\_\_\_\_

Treatment \_\_\_\_\_

Restrictions \_\_\_\_\_

Prior Investigation/Surveillance:  Yes (Attach Report If Available)  No

If Yes – Results \_\_\_\_\_

Special Instructions

Authorized Limits \$ \_\_\_\_\_ (Includes Expenses) \_\_\_\_\_ Total Number Of Days \_\_\_\_\_

Client Name \_\_\_\_\_ Main Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Fax/Other # \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

New Client  (10% Discount) Referred By: \_\_\_\_\_