

Crystal N. Edwards
Eye Spy Private Eye

Licensed Private Investigator
Certified Process Server | Certified Mediator
Serving Oklahoma Statewide

Direct: 580-231-6556
crystal@eyespyprivateeye.com
eyespyprivateeye.com

Discovering the Truth

Discreet. Strategic. Trusted.

INTAKE FORM

CLIENT INFORMATION

Full Name: _____

Date of Birth: _____

Driver License #: _____

Address: _____

City / State / Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Preferred Contact Method (Circle): Phone / Text / Email

Attorney Name (if applicable): _____

Attorney Phone / Email: _____

Case Number: _____ County: _____

TYPE OF SERVICE REQUESTED

- Surveillance
- Infidelity Investigation
- Custody Investigation
- Skip Trace / Locate Individual
- Asset Search / Judgment Recovery
- Background Investigation
- Witness Location
- Process Service
- Missing Person
- Other: _____

SUBJECT INFORMATION

Subject Full Name: _____

Aliases / Maiden Names: _____

Date of Birth: _____

Social Security Number (if known): _____

Last Known Address: _____

City / State / Zip: _____

Phone Numbers: _____

Email Address: _____

Employer / Workplace: _____

Work Address: _____

Work Schedule (if known): _____

PHYSICAL DESCRIPTION

Gender: _____

Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Distinguishing Marks / Tattoos / Scars: _____

VEHICLE INFORMATION

Vehicle Make / Model:

Year:

Color:

License Plate:

State:

Other Vehicles Used:

ASSOCIATES / FAMILY

Spouse / Partner:

Parents:

Friends / Associates:

Frequent Locations (bars, gyms, etc.):

Social Media Accounts:

SURVEILLANCE DETAILS (if applicable)

Best Days for Surveillance:

Best Time of Day:

Known Schedule / Routine:

Known Hangouts / Locations:

Does subject carry weapons? ____ Yes ____ No

If yes, describe:

Safety Concerns:

PROCESS SERVICE INFORMATION

Documents to be served:

Court Name:

Case Number/County:

Service Deadline:

Known Work Hours for Subject:

Special Instructions:

INVESTIGATION OBJECTIVES

1.

2.

3.

4.

CLIENT CERTIFICATION

I certify that the information provided above is true and accurate to the best of my knowledge. I understand investigative services must be used for lawful purposes only. I acknowledge that investigative results cannot be guaranteed.

Client Signature:

Printed Name:

Date: _____