FRASCO®
Investigative Services

INVESTIGATIVE REFERRAL FORM

Tel: (877) FRASCO1 or (877) 372-7261
Fax: (877) 734-6478
Email: assign@frasco.com
www.frasco.com

Date:

Client Information:

Client: ❑ Assigning Client	Phone: Ext:	Email:
Company:	Mailing Address:	
Claim #:	Bill to: Report Addressed to:	
Defense Attorney: ❑ Assigning Client	Phone: Ext:	Email:
Firm:	Mailing Address:	

Assignment Type: ❑ Workers' Compensation ❑ Liability ❑ AOE/COE ❑ Disability ❑ SIU ❑ Serve ❑ Other
❑ Surveillance ❑ Activities Check ❑ Locate ❑ Background ❑ Social Media Search
❍ One Time Search ❍ 60 Day Monitoring

Subject Information: (For multiple subjects use additional forms)

Subject Name:	Subject Address: Alternate Address:

Home Phone Number:	Business Phone Number:	Date of Birth:	Social Security:	Driver's License/STATE:

Date of Injury:	Date of Hire:	Subject's Occupation:	Next Medical Appt.:

Specific Injuries/Limitations:	Treating Physician: Phone:

Height:	Weight:	Hair Color:	Race:	Sex:	Other Physical Descriptors:

Email Address:	Aliases, Nicknames or Monikers:	Vehicle License No.:	Vehicle Description:

Married: Y / N	Kids: Y / N	Photo: Y / N	Subject Represented: Y / N	Depo Taken: Y / N	Prior Investigation: Y / N

❑ Personnel File ❑ Job Description Form ❑ Medical Authorization ❑ Wage Statement

Employer/Insured Information:

Company:	Address:	
Contact:	OK to Contact ER: Y / N	Contact Phone and Extension:

Report Handling: ❑ Fax ____________________ ❑ Mail ❑ Email **Video:** ❑ VHS ❑ CD-ROM ❑ DVD
❑ Call to discuss before proceeding ❑ Investigator to status client from field

Important Dates: ❑ Trial/Hearing: __________________________ AOE/COE Decision: __________________________

Special Instructions:

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