

# LIABILITY MANAGEMENT INTERNATIONAL, INC. (LMI, INC.)

**\*\*United States of America Connection\*\***

**Corporate Office in San Francisco Bay Area**

**Telephone (650) 366-6573 FAX (650) 368-7936**

**24-hour pager (888) 897-0267**

**E-Mail [dbi007@mindspring.com](mailto:dbi007@mindspring.com) Website [www.LMIglobal.net](http://www.LMIglobal.net)**

**Licenses: PPO 13804 \* PI 22785**

**An International Detective & Security Agency**



## INVESTIGATION CASE-INTAKE

**FOR IML OFFICE USE ONLY (Billing Office: Redwood City)**

**LMI Clt # Taken by:** \_\_\_\_\_

Area of investigation:	Retainer: \$
Payment Type: Cash- Check - Credit	Card#:

E-mailed to: \_\_\_\_\_

Start Date: \_\_\_\_\_ Inv. Due: \_\_\_\_\_

- Special Investigation  Security  Consulting  Surveillance  Workman's Compensation  Infidelity  Trademark Infringement
- Missing Person/Locate/SkipTrace  Background/Pre Employ.  Fraud/Theft  Criminal Defense  Asset Search  Litigation Support
- Cyber/Internet Undercover  Interview/Statement/Deposition  Computer Forensics  Polygraph  Electronic Surveillance Detection
- Covert Camera & CCTV Install  Video Depositions  Court Room Presentation  Corporate  Other: \_\_\_\_\_

### OBJECTIVE:

Date Assigned: \_\_\_\_\_ Date Report Due: \_\_\_\_\_

**Client:** \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to subject: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Use discretion when contacting you/Private? \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ DMV: \_\_\_\_\_ DOB: \_\_\_\_\_

How to contact client: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ Budget: \_\_\_\_\_

Defense Atty: \_\_\_\_\_ Add & Tel: \_\_\_\_\_

Offense Atty: \_\_\_\_\_ Add & Tel: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Case No:** \_\_\_\_\_ Previous surveillance:  Yes  No Report available:  Yes  No

**Subject:** \_\_\_\_\_ Alias: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Role: \_\_\_\_\_ (Applicant, Witness, Suspect Party, Hostile Witness, Friend?) Other: \_\_\_\_\_

Address (or last known): \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Occupation: \_\_\_\_\_ Tel: \_\_\_\_\_ May we contact? \_\_\_\_\_

POB: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name \_\_\_\_\_ Supervisor: \_\_\_\_\_ Add: \_\_\_\_\_

Subject's work location: \_\_\_\_\_ Date of Hire/Loss: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing features: \_\_\_\_\_ (Scars, Tattoos, Facial Hair, Piercing, Glasses, Smoker?) SSN: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Vehicle TAG: \_\_\_\_\_

Alleged Complaint: \_\_\_\_\_ Known Immediate Plans: \_\_\_\_\_

Usual Movement/Routine: \_\_\_\_\_

Hangouts: \_\_\_\_\_ Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

Associations/Suspected Friends: \_\_\_\_\_ Vehicles: \_\_\_\_\_ Residence: \_\_\_\_\_ Descriptions: \_\_\_\_\_

Background - High \_\_\_\_\_ Industry: \_\_\_\_\_ Prof Memberships: \_\_\_\_\_ Hobbies: \_\_\_\_\_

School/College: \_\_\_\_\_

Other Details: \_\_\_\_\_ Photo: \_\_\_\_\_

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**INVESTIGATION CASE-INTAKE**

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INTERVIEW	ISSUES	SECURE
<input type="checkbox"/> Subject: <input type="checkbox"/> Employer: <input type="checkbox"/> Supervisor: <input type="checkbox"/> Witnesses: <input type="checkbox"/> Third Party: <input type="checkbox"/> Other:  <input type="checkbox"/> Recorded Statements	<input type="checkbox"/> Missing Person: <input type="checkbox"/> Employment: <input type="checkbox"/> Extramarital affair: <input type="checkbox"/> Subrogation: <input type="checkbox"/> Holdings & Assets: <input type="checkbox"/> Dependency: <input type="checkbox"/> Intoxication: <input type="checkbox"/> Independent Contractor:	<input type="checkbox"/> Medical <input type="checkbox"/> Psyche Authorization(s) <input type="checkbox"/> Medical <input type="checkbox"/> Psyche Records <input type="checkbox"/> Medical History _____ Years <input type="checkbox"/> Personnel Records <input type="checkbox"/> Wage Statement <input type="checkbox"/> Employee Claim Form <input type="checkbox"/> WCAB Records <input type="checkbox"/> Police Report <input type="checkbox"/> Driver's History for Prior Accidents <input type="checkbox"/> ANI <input type="checkbox"/> SSN Track <input type="checkbox"/> TOLLS <input type="checkbox"/> Other:
<input type="checkbox"/> <b>SUB ROSA:</b> <b>Day(s)</b>	<input type="checkbox"/> <b>ACTIVITY CHECK:</b> <b>Day(s)</b>	
<input type="checkbox"/> Civil/Criminal Records Search	<input type="checkbox"/> Municipal <input type="checkbox"/> Superior	Counties:

**Remarks:**

**CONTRACTUAL AGREEMENT:** Submitting this form does not constitute a contract or agreement that Liability Management International, Inc. will perform any services on your behalf. Once we receive your information, we will review your case and an agent will contact you by the method you have chosen above to discuss your options. All information supplied is kept strictly confidential. A case is considered accepted when an Investigative Services Agreement and Retainer Agreement has been fully executed and submitted to Liability Management International, Inc.

Certification and Affidavit: By submitting this online form, I hereby certify and affirm that the information supplied above is true and accurate to the best of my knowledge at this time. I further represent and affirm that I am authorized to order and financially contract for this assignment. I understand that my knowingly supplying false or misleading information may result in my case being rejected. I will forfeit any and all funds that may be paid to the Agency pertaining to this case if any information is discovered to be false, misleading, or compromising the ethical and/or legal obligations of the agency.

I have read and agree to the conditions stated above \*

\_\_\_\_\_  
Prospective Client:

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

NOTE: This form has been provided by Liability Management International, Inc. to help us learn the necessary information about the person to be investigated (Subject). Please take a moment to fill in the information and send this to us so we can begin the process of serving you.

You can also complete all fields, print the page, and fax to 650.368.7936. Make sure your printer is able to print the entire page width. If you prefer to assign a case by other means, you may contact us by telephone (650.366.6573) or via E-Mail: [dbi007@mindspring.com](mailto:dbi007@mindspring.com).

Please include all information that is referenced on this web page.