

2828 N. Wishon Avenue, Fresno, California 93704 • (559) 222-8402 • Fax (559) 222-5043

Other Locations: Bakersfield Office • Sacramento Office • Santa Ana Office

Toll Free – All Locations (888) 544-2600 • Toll Free Fax (866) 284-5929

www.applebyco.com

investigator@applebyco.com

**Investigation
Assignment
Form**



APPLEBY & CO.
INC

Reporting Information:

Firm: _____
Address: _____
City,St,Zip: _____
Phone: _____
Report To: _____

Billing Information (if different):

Firm: _____
Address: _____
City,St,Zip: _____
Phone: _____
Contact: _____

Claimant Information:

Claimant Name: _____
Address: _____
City, St, Zip: _____
Phone: _____
Date of Birth: _____ SSN: _____ Sex: Male _____ Female _____
Race: _____ Hair Color: _____ Height: _____ Weight: _____
Vehicle Make: _____ Model: _____ Color: _____ License: _____
Claimant Attorney: _____
Defense Attorney: _____
Other Description: _____

Insured/Employer Information:

Firm: _____
Address: _____
City,St,Zip: _____
Phone No.: _____
Contact: _____

Injury Information:

Injury Desc: _____
Date of Injury: _____
Claim Number: _____
Occupation: _____

Instructions:

Type of Work:

___ Subrosa
___ Activity Check
___ AOE/COE
___ Subrogation
___ Skip Trace
___ Background

Interview:

___ Claimant
___ Supervisor
___ Witnesses
___ Employer
___ Interpreter Req'd

Obtain:

___ Medical Release
___ Medical Records
___ Police Reports
___ Personnel File
___ Photographs

Authorized For:

Number of Days: _____
Not to Exceed (in \$): _____
Date Assigned: _____
Due Date: _____

Special Instruction/Remarks:

