

CASE NAME: \_\_\_\_\_ CASE NO. \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ YOUR FILE NO. \_\_\_\_\_  
 YOUR NAME: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

<p><input type="checkbox"/> <b>INVESTIGATION/SURVEILLANCE</b>                  \$100.00 PER HOUR/PER INVESTIGATOR (MIN. 4 HRS.)                  \$150.00 PER HOUR COURT TIME (MIN.4 HRS.)</p> <p><input type="checkbox"/> <b>SKIP BUSINESS/PERSONAL</b>                  \$90.00, FILL OUT FORM BELOW</p> <p><input type="checkbox"/> <b>PROCESS SERVING</b>                  \$60.00 PER PERSON(INCL. 4 ATTEMPTS)                  INCLUDES DUPAGE, COOK, WILL, KANE                  \$50.00 <u>ADD'L</u> FOR EMERGENCIES                  \$95.00 WITHIN 48 HOURS                  \$320.00 WITHIN 24 HOURS                  \$150.00 Flat Fee for Out of State/Area, Excluding CA                  \$180.00 Avoiding/ \$320 for Avoiding/Investigator time 4 hour Min.</p>	<p><input type="checkbox"/> <b>RECORDED STATEMENTS/INTERVIEWS</b>                  \$150.00 FLAT FEE/TELEPHONE                  RECORDED STATEMENT</p> <p><input type="checkbox"/> <b>GPS REALTIME/TRACKER</b>                  DISCOUNT RATES AVAILABLE W/SURVEILLANCE</p> <p><input type="checkbox"/> <b>BACKGROUND CHECKS</b>                  \$285.00 SKIP, STATE, 2 COUNTY SEARCH                  \$50.00 STATE-WIDE ILLINOIS SEARCH                  \$75.00 PER COUNTY SEARCH                  EMPLOYERS ONLY BELOW                  \$200.00 Employers: Skip, StateWide and 2 reference calls</p>
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METHOD OF PAYMENT: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ CREDIT CARD \_\_\_\_\_  
*Your payment for all services rendered is due upon request. An additional 5% late fee will be applied every 30 days thereafter.*  
 MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_ EXP./CODE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME/ADDRESS ON CARD \_\_\_\_\_

**Please Identify Your Subject:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last known address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Last Telephone No. \_\_\_\_\_

**Vehicle Information:**

Vehicle Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Additional Information: \_\_\_\_\_