



# Hover View Investigations

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## Client Intake Form

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Full Name: \_\_\_\_\_ Date: \_\_\_\_\_ Street  
Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_ State: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **Services & Fees:**

**Initial Consultation with a Licensed Investigator (half hour) \$95.00**

Before we accept any investigation, it is essential that you be interviewed by one of our Licensed Investigators to determine the special needs of your case and provide you with a realistic idea of the services that we are able to provide. If we accept your case, the consultation fee will be credited to your investigation. The investigator will also estimate the projected expense of your investigation and the amount of time it will take.

**Database Research & People Locator(per search) \$250.00**

Using the exclusive resources of H.V. Investigations, we can compile a computer printout of any name, address, or social security number (only first five #). This information will usually include the person's address, past addresses, and the names of other persons associated with that person, their address or their social security number. H.V. Investigations has the right to refuse handing over material and information such as a social security number.

### **Read Carefully**

This form is a part of the contract that will be signed. If any part of this form is filled out incorrectly or with known false/fraudulent information, the contract is null and void, and you will lose a part or all of the retainer money.

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Do you have a restraining order against you? \_\_\_\_\_

Have you ever hired a private Investigator in the past? \_\_\_\_\_

If yes, was it regarding this case? \_\_\_\_\_

Why did the investigation cease? \_\_\_\_\_

\_\_\_\_\_

**Primary Subject's Information**

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home

Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Vehicle License & Description: \_\_\_\_\_

Subject's:

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_\_

Does the subject have a criminal record? \_\_\_\_\_

Does subject own or carry any weapons? \_\_\_\_\_

If yes what type? \_\_\_\_\_

**Secondary Subject's Information**

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home

Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Vehicle License & Description: \_\_\_\_\_

Subject's:

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_\_

Does the subject have a criminal record? \_\_\_\_\_

Does subject own or carry any weapons? \_\_\_\_\_

If yes what type? \_\_\_\_\_

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**Third Subject's Information**

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_\_  
Home  
Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Vehicle License & Description: \_\_\_\_\_  
Subject's:  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_\_

Does the subject have a criminal record? \_\_\_\_\_  
Does subject own or carry any weapons? \_\_\_\_\_  
If yes what type? \_\_\_\_\_

**Fourth Subject's Information**

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ State: \_\_\_\_\_  
Home  
Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ S.S.N: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Subject: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Vehicle License & Description: \_\_\_\_\_  
Subject's:  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Identifying Marks or Tattoos: \_\_\_\_\_

Does the subject have a criminal record? \_\_\_\_\_  
Does subject own or carry any weapons? \_\_\_\_\_  
If yes what type? \_\_\_\_\_

I have read all of the above and filled out all the information to the best of my knowledge. I the undersigned also promise not to use any information obtained by Hover View Investigations in any way that would be considered unlawful in the state of California.

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



