



Case Request Form

Items marked with * are required

*Company Name:

*Requester:

*Claim Number:

*Requester's Email:

*Requester's Phone #:

*Date of Loss:

Due Date:

*Budget (Days or \$):

Claimant Information

*First Name:

Middle Name:

*Last Name:

*Address:

*City:

*State:

*Zip Code:

*Phone:

*DOB:

*SSN:

Race:

Hair Color:

Height:

Weight:

Marital Status:

Number of Children:

Children Ages:

Represented: Yes ☐

No ☐

Attorney:

Vehicles:

*Injuries/Limitations:

Insured/Employer:

Contact person:

Telephone number:

OK to Contact: Yes ☐ No ☐

Investigation Type

Activity Check: ☐

Background Investigation: ☐

Investigation of Facts: ☐

Surveillance: ☐

Other: ☐

If other, please describe:

Description of Investigation Requested:

Thank you for the assignment,

Bob

Robert D. Molnar
Partner/Vice President

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