



## A Rated Investigations, Inc.

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# **CLIENT INTAKE DOMESTIC FORM**

**Initial Consultation with a Licensed Investigator (half hour) FREE.\***

*\*Any additional time will be charged based on our hourly fees.*

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. The investigator will also estimate the projected expense of your investigation and the amount of time it will take with most cases. However, every case is handle based upon the information provided.

### **Client Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

Relationship to Subject: \_\_\_\_\_

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

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

Did the investigation cease? \_\_\_\_\_

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

Do you own or carry any weapons? \_\_\_\_\_

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

**Primary Subject's Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Other Names or Aliases: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the Client: \_\_\_\_\_ Years you know each other: \_\_\_\_\_

If you are married or co-habituating, number of years together: \_\_\_\_\_

Number of Children: \_\_\_\_\_

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

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

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

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

Social Media Profiles:

Facebook Page \_\_\_\_\_ Google+ Page \_\_\_\_\_ LinkedIn \_\_\_\_\_

Has the subject ever hired a private Investigator in the past? \_\_\_\_\_

If yes, was it regarding this case or a different case? \_\_\_\_\_

Did the investigation cease? \_\_\_\_\_

Does the subject have a restraining order? \_\_\_\_\_

**Subject's Vehicle License & Description:**

Driver License: \_\_\_\_\_

Vehicle # 1:

Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate No: \_\_\_\_\_

Vehicle # 2:

Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate No: \_\_\_\_\_

Vehicle # 3:

Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate No: \_\_\_\_\_

**What type of investigation do you want?**

- Spousal Surveillance
- Surveillance
- Infidelity
- Premarital Investigations
- Alimony
- Divorce / Domestic Investigations
- Cohabitation
- Background Check\* (specify which cities)
- Cell Phone Forensics
- Employment Location
- Child Support Investigation
- Bank Account Investigation
- Hidden Cameras
- Child Custody Investigations
- Unlisted Phone Number Information
- Criminal Record / Prison Records
- Asset Investigation
- Real Property Records
- Camera System
- Professional License Verifications
- SSN Verification
- Computer & Internet Security Services
- Service of Legal Process
- Cellular Phone Information & Records
- Electronic Eavesdropping Sweeps
- Locate Investigations
- Asset Search
- Background
- Witnesses
- Missing Person
- Skip Trace
- Undercover
- Other

**Surveillance to be conducted on:**

- Husband
- Boyfriend
- Daughter / Son
- Wife
- Girlfriend
- Other \_\_\_\_\_

**Which signs do you see:**

- Working a lot of overtime
- Excessive use of the internet
- Additional mileage on the car
- Hanging out with new friends
- Smells of perfume or alcohol
- Working out in the gym, never tried before
- Hiding the phone/cell bill
- Personal purchase of an extra cell phone
- No longer interested in sex
- No longer wearing a wedding band
- Saying "I need space"
- Other sexual position

**Please Explain:(Note: the person being named is "The Subject.")**

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**Possible suspect's information:(Note: "Suspect" is the person that the subject is having an affair with.)**

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**Briefly, tell us your story.**

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**If we provide the proof you need, will you:**

- |                                                       |                                                            |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Leave them and get a divorce | <input type="checkbox"/> Separate                          |
| <input type="checkbox"/> Go for therapy together      | <input type="checkbox"/> I do not know, "I will need help" |
| <input type="checkbox"/> Need and Attorney            |                                                            |

**Best Time to Call: \_\_\_\_\_ Best Phone Number to Call: \_\_\_\_\_**

**What is your investigation budget to obtain the information that you are requesting?**

- |                                          |                                              |
|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> \$750 - \$1000  | <input type="checkbox"/> \$1501 - \$5000     |
| <input type="checkbox"/> \$1001 - \$1500 | <input type="checkbox"/> \$5001 and up (VIP) |

**Where did you hear about us?**

- |                                                             |                                      |
|-------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Internet                           | <input type="checkbox"/> Television  |
| <input type="checkbox"/> Referral from a friend or attorney | <input type="checkbox"/> Radio       |
| <input type="checkbox"/> Newspaper/ Magazine/Mailing        | <input type="checkbox"/> Other _____ |

**What method did you use to find us?**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Desktop   | <input type="checkbox"/> Phone    |
| <input type="checkbox"/> Laptop    | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Cellphone |                                   |

I have read all of the above and filled out all the information to the best of my knowledge. I the under signed also promise not to use any information obtained by A Rated Investigations, Inc. in any way that would be considered unlawful in the state of New Jersey.

Signature: FULL Name: \_\_\_\_\_

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

Please: DO NOT SUBMIT if you DO NOT WANT A CALL BACK. The Director only speaks with select individuals who are seriously in need of our help and need to hire an investigator.