



A Rated Investigations

CLIENT INTAKE 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.

Your First Name: _____

Last Name: _____

Address: _____

City: _____

ZIP Code: _____

Phone #: _____ Cell Phone #: _____

Email: _____

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? _____

What type of investigation do you want?

- | | |
|---|---|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Witnesses |
| <input type="checkbox"/> Asset Search | <input type="checkbox"/> Missing Person |
| <input type="checkbox"/> Background | <input type="checkbox"/> Skip Trace |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Personal Records | <input type="checkbox"/> Undercover |
| <input type="checkbox"/> Other _____ | |



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Matrimonial/ Infidelity

Surveillance to be conducted on:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Wife |
| <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Girlfriend |
| <input type="checkbox"/> Teenager / Child | |
| <input type="checkbox"/> Other _____ | |

Which signs do you see:

- | | |
|--|---|
| <input type="checkbox"/> Working a lot of overtime | <input type="checkbox"/> Hiding the phone/cell bill |
| <input type="checkbox"/> Excessive use of the internet | <input type="checkbox"/> Personal purchase of an extra cell phone |
| <input type="checkbox"/> Additional mileage on the car | <input type="checkbox"/> No longer interested in sex |
| <input type="checkbox"/> Hanging out with new friends | <input type="checkbox"/> No longer wearing a wedding band |
| <input type="checkbox"/> Smells of perfume or alcohol | <input type="checkbox"/> Saying "I need space" |

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

Number of Years Together: _____

Number of Children: _____

Subject's type of employment: _____

Does the subject have a criminal record? _____

Does subject own or carry any weapons? _____

If yes what type? _____

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. _____

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" |

Best Time to Call: _____

Best Phone Number to Call: _____

Alternate Phone Number to Call: _____

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

- | | |
|---|--|
| <input type="checkbox"/> \$500 - \$750 | <input type="checkbox"/> \$1501 - \$5000 |
| <input type="checkbox"/> \$751 - \$1500 | <input type="checkbox"/> \$5001 and up |

Where did you hear about us?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Google | <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 |



A Rated Investigations

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.