

**P. I. Ducks, Inc.**  
**Request Services Form**  
Fax - (318) 549-2650

**Your Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Your Insured \_\_\_\_\_

Claim Number \_\_\_\_\_

File number: \_\_\_\_\_

**Type of Services Requested:**

Check all that apply:

- Surveillance
- Process Service
- Locate address and phone number
- Court house records research
- Other (list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claimant information**

Claimant Name \_\_\_\_\_

Claimant Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers' License Number \_\_\_\_\_

DOB \_\_\_\_\_

Sex \_\_\_\_\_

Race  
White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

Vehicle License \_\_\_\_\_

Current Employer \_\_\_\_\_

Alleged Injuries \_\_\_\_\_

Other Limitations: (Specify Below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_