

WILCOX & ASSOCIATES

INVESTIGATIONS & PROTECTION AGENCY

GENERAL



HOW TO USE THIS QUESTIONNAIRE

RUSH



This questionnaire is a guideline to assist you with some of the information we will require. You have the option of using this form and faxing it back to us, or you may use this as a guide to assist you when you dictate your letter of instructions to us. Please feel free to contact us by telephone, should you wish to speak to an investigator directly. Complete this form based on the information you have available. We don't expect this form to be completed in full. The minimum information we require is the subject's **FIRST** and **LAST NAME** and the **LAST KNOWN ADDRESS**. Correct spelling of the subject's **FIRST** and **LAST NAME** is of the utmost importance.

CLIENT INFORMATION

NAME OF FIRM:	TELEPHONE NO:
YOUR NAME:	FAX NO:
ADDRESS:	PROVINCE/STATE:
POSTAL/ZIP CODE:	NAME OF SECRETARY OR ASSISTANT:
YOUR MATTER NAME:	YOUR FILE NO:

RETAINER AGREEMENT

I hereby authorize Wilcox & Associates., to conduct the enclosed investigation on our behalf. *I understand that if Wilcox & Associates does not locate the subject I am charged only \$75.00 for a report or an affidavit.* * *Some subjects with common names, evasive behavior or extremely active profiles may require an additional research fee of up to \$125.*

I agree to pay said fees upon sending this report.

- () **Level One:**.....\$125.00* (See website for full description)
- () **Level Two:**.....\$250.00* (See website for full description)
- () **RUSH SKIP TRACE (3 DAYS OR LESS) ...ADD.....\$75.00**

(Rush Skip Trace: If we can't find the subject in 3 days or less, the trace will be treated as a General Skip Trace)

Authorized Signature:..... **Date:**

CONFIDENTIAL	SUBJECT INFORMATION	CONFIDENTIAL
SUBJECT'S FIRST & MIDDLE NAME:	SUBJECT'S LAST NAME:	
DATE OF BIRTH: (Approximate Age)	SOCIAL INSURANCE NUMBER:	
LAST ADDRESS: (Unit or Apt. No.)	PROVINCE/ STATE:	POSTAL ZIP CODE:
DATE LAST AT THIS ADDRESS:	PHONE NUMBERS (List all numbers in service, home, business, car, fax, etc.)	
LAST EMPLOYER'S & EMPLOYER NAME:	EMPLOYER ADDRESS:	
PROVINCE/ STATE:	POSTAL/ ZIP CODE:	LAST EMPLOYER PHONE NO.:
POSITION AT LAST EMPLOYER:	SUBJECT'S TRADE OR PROFESSION:	

WILCOX & ASSOCIATES

INVESTIGATIONS & PROTECTION AGENCY

SUBJECT'S DRIVER'S
LICENCE NUMBER:

LICENCE PLATE NUMBERS
OR ANY VEHICLES:

DESCRIPTION OF
ANY VEHICLES:

CONFIDENTIAL

SUBJECT'S SPOUSE

CONFIDENTIAL

SUBJECT'S SPOUSE: (X) Married Common Law Divorced Separated

SPOUSES FIRST
& MIDDLE
NAME: _____

LASTNAMES: _____

DATE OF BIRTH:
(Approximate Age) _____

SOCIAL
INSURANCE NUMBER: _____

SPOUSES ADDRESS: (X)

Same as Spouse

Different than above

SPOUSES

LAST ADDRESS: _____ PROVINCE: _____ POSTAL CODE: _____

DATE LAST AT
THIS ADDRESS: _____

PHONE NUMBERS (List all numbers
in service, home, business, car, fax etc.) _____

SPOUSES LAST EMPLOYER NAME: _____

ADDRESS: _____

PROVINCE/
STATE: _____

POSTAL/
ZIP CODE: _____

LAST EMPLOYER
PHONE NO.: _____

POSITION AT EMPLOYER: _____

TRADE OR PROFESSION MOST OF THE TIME: _____

SPOUSES DRIVER'S LICENSE NUMBER: _____

LICENSE PLATES: _____

GENERAL INFORMATION

NAMES AND ADDRESSES OF FRIENDS OR RELATIVES WHO MIGHT BE ABLE TO PROVIDE INFORMATION:
(PLEASE PROVIDE TELEPHONE NUMBERS)

BUSINESS OR CREDIT REFERENCES:

IF YOU HAVE ANY; OF THE FOLLOWING DOCUMENTATION, PLEASE PLACE AN (X) AND EMAIL A COPY TO OUR OFFICE.

(Please do not mail any original documentation as we will not be returning them to you).

WILCOX & ASSOCIATES

INVESTIGATIONS & PROTECTION AGENCY

Credit Searches Equifax/TransUnion/TRW Driver's License or Vehicle Searches

Applications (credit, employment, lease, loan, rental, stock, tenancy, etc.)

Articles of Incorporation (Last page showing the subject as a director)

Motor Vehicle Accident Report, Police Report or Offence Notices

P.P.S.A.

N.S.F. Cheques

Vehicle Registration Info

DO YOU HAVE ANY JUDGEMENT AGAINST THE SUBJECT (X) **YES** **NO**

IF YES, PLEASE STATE AMOUNT AND WHEN WAS JUDGEMENT OBTAINED?

Has the subject ever signed consent, giving authorization for you or your client to conduct a financial investigation? (ie. As is usually found in loan, lease or credit applications) (X) **YES** **NO**

Please explain

GIVE A BRIEF EXPLANATION WHY THIS TRACE IS REQUIRED, AND STATE ANY OTHER INFORMATION.

Answers to Frequently Asked Questions

Our turnaround time varies based on volume and difficulty. We work towards an average of two weeks or less. We will ultimately send you a close out memo of our efforts if the trace fails. Please do not call our office seeking to know the status. You are welcome to email us info@wilcoxinvestigation.com. We do not send status reports along the way. This form is to be used for locates (Skip Tracing) record research exclusively. Wilcox & Associates does not offer the service of "bank account only" investigations. We do offer full asset investigations!