



INVESTIGATION REFERRAL FORM

DATE: _____

Client Name: _____ Email: _____

Firm Name: _____ Phone: _____

Address: _____ Phone 2: _____

City, State, Zip: _____ Fax: _____

Investigation / Requested Matter: _____

Other : _____

Subject Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone 2: _____

Additional Information / Instructions: (Descriptions, Vehicles, DL, SSN, etc.)

If additional space is needed please type on separate piece of paper. Include as much information as possible. Include all pictures, exhibits, and other beneficial information with this form when submitting a new investigation. Pictures can be sent to the below email.



CLIENT RETAINER AGREEMENT

This form is applied to the majority of our investigations, although in some instances an investigation might require an alternate Client retainer agreement.

This Agreement, made on the _____ (day) of _____, (month), _____ (year), at Anaheim, California, between _____ (Client name) of _____ (residential address), hereinafter known as "Client", and **NEW TECHNOLOGIES INVESTIGATIVE SERVICES**, 1442 E. Lincoln Avenue, # 105, Orange, CA 92865 (Mailing Address). hereinafter known as "Agency". California Private Investigator license #23001.

(1) Client retains Agency for the purpose of: _____

Client agrees that he / she has no Restraining Order(s) or other legal reason that would prevent him / her from investigating the subject for the aforementioned requested services.

_____ Initial here.

(2) Client agrees that Agency is empowered to perform said services for and on behalf of Client, and to do all things necessary, appropriate, or advisable in performing said services.

(3) Agency agrees to conduct this investigation with due diligence to protect the interests of Client, and agrees that whatever confidential information is obtained while conducting the investigation will only be provided to the Client unless otherwise directed by the Client in writing. If Client would like any materials, evidence, etc. shared with Client's attorney, attorney's office, or other person please fill in their name below authorizing the release of any information that has been or might be obtained.

If Client wishes to cancel sharing the information with the above or any others that Client has authorized to receive the information Client will need to do so in writing.

(4) Client herein acknowledges and understands the Agency and their Agents are not attorneys and cannot give legal advice to Client.

(5) Client agrees to pay a retainer for services of Agency or his Agents in the sum of \$_____. The hourly rate shall be \$_____ per hour, \$_____ per mile of travel, and expenses related to the assignment. Hourly rate and charges are per investigator assigned to the assignment. There is a minimum billing of four hours per investigation segment, per investigator working the assignment at that time. A report will be provided at the end of the assignment and presented to the client upon full payment for all services rendered.

The term "EXPENSES" includes, but is not limited to filing fees, film, developing, recording tapes, supplies, parking fees, and incidental expenses in connection with the investigation.

(6) It is also agreed that in the event Agency Investigator(s) or Agent(s) appear as a witness(es), or any other capacity in court, or any other venue, on the Client's behalf, or arising from the course of the investigation, Client agrees to compensate Agency at the same fee charged for services rendered in this matter, along with mileage and expenses.

(7) All Services require a retainer to be paid in advance. RETAINERS ARE NOT REFUNDABLE UNTIL PAYMENT HAS CLEARED AGENCY'S FINANCIAL INSTITUTION. (see item 8)

(8) Any portion of the retainer not earned by Agency at the termination of the investigation will be promptly refunded to Client.

(9) It is agreed that Agency has made no guarantee to Client as to the results regarding the above-stated matter.

(10) Client further agrees that all monies owed to Agency at the completion of this investigation will be paid in full at that time. All monies not paid in full as agreed will be subject to a one and one-half percent (1-1/2 %) interest charge per month or any portion thereof for each and every month the balance remains unpaid. Client further agrees to pay all costs of collection plus reasonable attorney fees.

(11) All reports furnished to Client by Agency are for the express use of Client only unless otherwise authorized as stated above in section three (3). Client agrees to hold Agency harmless from any and all damages, which are caused by any disclosure of any part of said reports.

In Witness Whereof, the Parties have hereunto agreed to enter into this contract.

CLIENT: _____ DATE: _____

ACCEPTED FOR AGENCY BY: _____ DATE: _____



Toll Free: 877-779-6847
Local: 714-921-3136
Email: contact@southerncaliforniapi.com

Credit Card Authorization Form

Please Print Legible

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Circle Credit Card to be used: (circle one) **VISA** **MASTERCARD**

Credit Card Number: _____

Exp. Date: _____ Card Validation Number (CVN): _____
(3 digit number on back of card signature line)

Printed Name on Card: _____

Billing Address: _____

Phone Number of Cardholder: _____

I authorize that the above referenced credit card be charged the amount of: \$ _____

for: **Service of Process:** ____ **Investigative Work:** ____ **Other:** _____

Signature of Cardholder

Date

New Technologies Investigative Services
1442 E. Lincoln Ave., #105, Orange, CA 92865
Return via Fax: **(714) 242-9331** or E-mail: contact@southerncaliforniapi.com

Toll Free: 877-779-6847 - Local: 714-921-3136