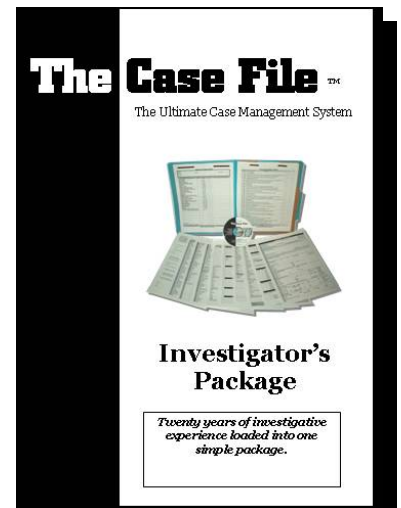


Here are your sample pages from

The Case File

In this small sample pack you'll find:

1. **Basic Contract** – Use this as the base page of your retainer agreement. Did you download our ebook to read more about contracts?
2. **Clerical Activity** – Help track all the crucial managerial steps when starting and closing a case. This one page is worth its weight in gold!
3. **Client Data** – Use this as your job order or case intake form.
4. **Witness Info** – Cases can drag on for years sometimes and having the right info on a witness can make your job a breeze (and makes you look great in front of the client).
5. **Surveillance Report** – In our profession, detail is the hallmark of a great investigator. Having combo worksheet / report forms like this enhance your professional image immediately!



And did you know we pretty much just paid for the whole system for you?

That's right! Putting these five forms together on your own, with their detail and professional appearance, **would surely have taken you at least an hour.** And since our complete package costs less than what any of us would charge for one hour's work, you've already saved enough to get the full package that will continue to pay for itself for years to come.

So, when you're ready to get all of this:

- ◆ Over **100 pages** of interrelated, fully **customizable**, highly detailed, and professional **forms**
- ◆ An interactive **Internet Resource** package with over **3,000 categorized and searchable links**
- ◆ A Microsoft Excel **invoice** file
- ◆ A bonus "Continuing Ed" section with over **50 investigative training and reference manuals**

Then come back to our secure order page at
<http://www.thecasefile.com/order.htm>

"A lifetime of case management for the price of one billable hour."

(The only thing worse than you not having The Case File is if your competition does!)

[YOUR LOGO OR LETTERHEAD HERE]

1. This contract/agreement is made this day: _____, ____/____/____ between [your company name] (Agency) by its officer or representative: _____ and Client: _____

Located at: _____

who comes before us requesting assistance in this case under the general heading of _____ and described as:

Case#: _____, Concerning: _____

2. In exchange for services rendered by [your company name], above client agrees to the following terms of retainer and payment: Advance retainer in the amount of \$_____ payable by cash, check, M.O. or Visa, MC, Amex, Discover. Base rate = \$_____ per _____ and \$_____/mile, plus applicable, pertinent, and necessary expenses paid on client's behalf or incurred during investigation.

Payment of balance detailed as follows: _____

Visa, MC, Amex, Discover #: _____ Exp: ____/____/____

Amount: \$ _____ Signature: _____

3. Client agrees to indemnify and hold agency harmless for the misuse by client of data legally obtained by [your company name].
4. This agreement binds [your company name] to client confidentiality. We will discuss the case with no one but the client and individuals privileged to the case as specified by client or by law. Client further agrees to not divulge case details to outside parties.
5. The client understands and acknowledges that [your company name] offers no guarantee on the outcome of the case or the existence of pertinent information. [your company name] only guarantees that the necessary information, documentation, etc. will be searched for diligently, legally, expediently, and as economically as possible.
6. Client further understands and acknowledges that [your company name] offers no guarantee on the validity of information provided by public documents, or outside vendors.
7. Client acknowledges that [your company name] provides report in written format within 7 days of case conclusion or final activity.
8. Client has received, read, and understands [your company name] retainer usage, refund, and termination fee policies. Initial: _____
9. Client has received, read, and understands investigative caveats outlined on "The Nature of Investigations" page. Initial: _____

Client: _____ (Signed:) _____ Date: ____/____/____

Agent: _____ (Signed:) _____ Date: ____/____/____

Witness: _____ (Signed:) _____ Date: ____/____/____

Clerical Activity Checklist - PI

Case#: _____ Client: _____ Re: _____

Case Start					
Date	IN	Activity	Date	IN	Activity
		Initial contact with client			Retainer of \$ _____ deposited.
		Contract signed			Agent assigned: _____
		All necessary releases signed			
		Info listed in case roster			
					(IN Column = Supervisor's Initials)

Case Final Disposition

Case: Closed Terminated Suspended on: ___/___/___ Re: _____

Synopsis of final result: _____

Reopened on: ___/___/___ Re: _____

Court date of: ___/___/___ Court: _____ Judge: _____

Subject / Suspect	Notes:

Other disposition of main subject: _____

Disposition of Evidence

Date	IN	Activity	Note
		Police reports	
		Forensics reports	
		Witness Interview Tapes and Transcripts	
		Surveillance Reports and Materials	
		Number of audio cassettes: _____	
		Number of video cassettes: _____	
		Still photos: Total # rolls: _____	
		Courthouse or other legal doc. Copies:	
		Misc. items from trash run:	

Billing and Accounting

Date	IN	Activity	Date	IN	Activity
		Retainer of: \$ _____ collected w/contract			Payment of: \$ _____ rec'd
		Case conclusion balance of: \$ _____			30 day notice sent
		Retainer refund or first bill of: \$ _____			60 day notice sent
		First invoice mailed.			90 day notice sent
		Payment of: \$ _____ rec'd			

Final Communication

Date	IN	Activity
		Final synopsis/report/invoice mailed to: Client Client's attorney Other:
		Case File entered into "Closed Case" files.
		Thank you notes sent to all applicable people (client, attorney, LEOs, stellar witnesses, etc.)
		All computer files copied to floppy and stored in evidence envelope inside The Case File itself.
		Case entered into master log and/or database Case details entered into spreadsheet

Items from the Spreadsheet

Total number billable hours: _____ Total hourly fee billed: _____ Total amount billable expenses: _____
 Final total amount billed & paid: _____ Gross profit this case: _____

CLIENT DATA SHEET

Case number: _____ Type of Case: _____ Date of first contact: ___/___/___

Name:		SSN:		Sex:		DOB: ___/___/___					
Address:		Apt/Ste:		Complex/Subdivision:							
City:		Co:		St:		Zip: --					
Phones: (H): () -		Cell Phone 1: () -									
Cell Phone 2: () -		Fax: () -		Pager: () -							
E-Mail 1:		E-Mail 2:		Website:							
Social Media Pages:											
Client's Place of Employment:						Reachable at work? Y / N					
Address:											
City:		St:		Zip:		E-Mail:					
Phone: () -		Website:		ICQ/UIN:							
Cell Phone: () -		Fax: () -		Pager: () -							
Phone: (other): () -		() -		() -							
Attorney:											
Firm:				Atty's Case #:							
Address:				Suite:							
City:		St:		Zip:		--					
Phones: (W): () -		(H): () -									
Cell Phone: () -		Fax: () -		Pager: () -							
E-Mail:		Website:									
Background:		Misc. Info:		Releases:		Type of Case:					
<input type="checkbox"/> Printed Articles <input type="checkbox"/> News Media <input type="checkbox"/> Social Media <input type="checkbox"/> Website: <input type="checkbox"/> Official Reports <input type="checkbox"/> Legal Documents <input type="checkbox"/> _____		<input type="checkbox"/> Photos <input type="checkbox"/> Videos <input type="checkbox"/> Maps <input type="checkbox"/> Diagrams <input type="checkbox"/> Phone book <input type="checkbox"/> _____		<input type="checkbox"/> All Info – Client <input type="checkbox"/> All Info – Child <input type="checkbox"/> All Info – Subject <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Subpoena <input type="checkbox"/> _____		<input type="checkbox"/> Missing Person <input type="checkbox"/> Locates <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Fraud / Theft <input type="checkbox"/> Workers Comp <input type="checkbox"/> Interview <input type="checkbox"/> Accident: _____		<input type="checkbox"/> Arson <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Asset Search <input type="checkbox"/> Background Check <input type="checkbox"/> Repo / Recovery <input type="checkbox"/> Child Custody <input type="checkbox"/> Consumer Protection		<input type="checkbox"/> Security Analysis <input type="checkbox"/> Risk Management <input type="checkbox"/> Activity Check <input type="checkbox"/> Criminal Defense <input type="checkbox"/> Criminal Prosecution <input type="checkbox"/> Domestic <input type="checkbox"/> _____	
Incident Report filled out		Other necessary forms filled		Case entered on master roster		Full background/due diligence on client					
Case Synopsis:											
<input type="checkbox"/> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____											
Client referred by:						<input type="checkbox"/> Single Case Only <input type="checkbox"/> Single client, multiple cases					
<input type="checkbox"/> Other Persons to contact regarding this case listed on "Other Contacts – Client" sheet.				<input type="checkbox"/> Price / Cost estimate figured for contract.							
<input type="checkbox"/> Contract signed on: ___/___/___ Retainer received in the amount of: \$ _____				<input type="checkbox"/> Case assigned to: _____							
Only Contact Client: At location / phone / email:						and During Hours Of:					

CLIENT DATA SHEET

Witness Information

Intwvng Agent: _____ Witness #: _____ Pg #: _____

Full Name:		SSN:		Sex:		DOB: ___/___/___	
Address:		Apt/Ste		Cmp/Sb:			
City:		Co.		St:		Zip: -- Own/Rnt/Rsd Yrs:	
Phones: (H): () -		Cell Phone: () -					
E-Mail:		Website:					
Social Media:							
Place of Employment:				Supervisor:			
Address:		Title:					
City:		St:		Zip:		-- Website:	
Phone: - x		Fax:		E-Mail			
Vehicle: Type:		Make:		Model:		Year: Colors: Body: Roof:	
Marks/Features:							
VIN:		Tag:		State:		County:	
Closest friend or relative: (if married, use for spouse) Name:							
Relationship:		SSN:		Sex:		DOB: ___/___/___	
Address:		Apt/Ste:		Cmp/Sb:			
City:		St:		Zip:		-- Own/Rnt/Rsd Yrs.:	
Phones: (H): () -		Cell Phone: () -					
E-Mail:		Website:					
Social Media:							
Place of Employment:				Supervisor:			
Address:		Website:					
City:		St:		Zip:		--	
Phone: () -		Fax:		E-Mail:			
Other contact: Name:							
Relationship:		SSN:		Sex:		DOB: ___/___/___	
Address:		Apt/Ste:					
City:		St:		Zip:		-- Own/Rnt/Rsd Yrs.:	
Phone:		Cell Phone: () -					
E-Mail:		Website:					
Social Media:							
Place of Employment:				Supervisor:			
Address:		Website:					
City:		St:		Zip:		--	
Phone: () -		Fax:		E-Mail:			
Short synopsis of testimony:							
Interviews: 1. ___/___/___ By: _____ 2. ___/___/___ By: _____ 3. ___/___/___ By: _____ 4. ___/___/___ By: _____							
Full deposition made on: ___/___/___ Recorded by:				Transcript filed in:			
Attachments: <input type="checkbox"/> Photo <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Full "Subject Data File" <input type="checkbox"/> _____ <input type="checkbox"/> _____							

Staple Business Card here

Surveillance Report

Surveillance # ____ of ____ Case #: _____ Surveillance Date: ____/____/____
 Start Time: ____:____ am pm. End Time: ____:____ am pm. This surveillance ended re: _____
 Primary Agent: _____ Secondary Agent: _____
 Surveillance subject: _____
 Surveillance Location: _____
 Purpose: _____
 Equipment Used: _____

Total time length of **video**: ____ minutes. Time length of video of subject: ____ minutes. Video footage saved to:
 Disk: Disk Type: ____ File Type: ____ File Size ____ Disk #: _____ Filename: _____
 Flash Drive: File Type: ____ File Size ____ Disk #: _____ Filename: _____

Total number of **still photographs** taken: ____ Total number of still photographs of subject taken: ____
 Photo Series: Exp #: ____ through ____ Photo File Format: _____ Photos saved to:
 Disk: Disk Type: ____ File Type: ____ File Size ____ Disk #: _____ Filename: _____
 Flash Drive: File Type: ____ File Size ____ Disk #: _____ Filename: _____

Weather: _____ Light: _____ Page: **one** Of: _____

Time	Activity
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	

Attachments: Additional Report pages: # ____ Map showing location of subject and surveillance personnel.