



Request for Investigation Intake Form

Website: www.ThePIAgency.com

Email: sales@ThePIAgency.com

Agency: Probit Investigations, Inc.

Phone: (470) 231-2068

Date: _____

Budget Amount: _____

(Hours): _____

File Number: _____

Case Type: ☐ Domestic ☐ Infidelity ☐ Child Welfare ☐ Alimony Defense ☐ Other: _____

Objectives:

Please describe what you would like to accomplish:

Client Information

Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Home Address: _____

Occupation: _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

Work Schedule: _____

Describe Your Situation:

Relationship to Subject: ☐ Spouse ☐ Divorced ☐ Boy/Girlfriend ☐ Engaged ☐ Living Together ☐ Separated



Subject Information

Name/Alias: _____

Cell Phone: _____

Address: _____

City/State/Zip: _____

SSN: _____

DOB: _____

Sex: ☐ Male ☐ Female

Race: _____

Height: _____

Weight: _____

Hair: _____

Eyes: _____

Wears Glasses: ☐ Yes ☐ No

Married: ☐ Yes ☐ No

General Description:

Vehicle:

Make/Model/Color: _____

Tag #: _____

Decals/Markings: _____

Children Involved: How many? _____ Ages: _____

Stepchildren: How many? _____ Ages: _____

History of Violence: ☐ Yes ☐ No

If yes, describe:



Criminal History (if any):

Legal Proceedings on File? (e.g., divorce, restraining orders): ☐ Yes ☐ No

If yes, explain:

Employment Information

Employer: _____

Phone: _____

Employer Address: _____

Occupation/Title: _____

Work Schedule: _____

Other Persons Involved (if applicable)

Name/Alias: _____

Phone: _____

Address: _____

City/State/Zip: _____

Sex: ☐ Male ☐ Female

Race: _____

Height/Weight: /

Hair/Eyes: /

Occupation: _____

Married: ☐ Yes ☐ No

Wears Glasses: ☐ Yes ☐ No

Vehicle (if any):

Make/Model/Color: _____

Tag #: _____

Decals/Markings: _____



(Attach extra sheet if more people are involved.)

Credit Card Authorization & Non-Chargeback Agreement

Card Type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number: _____

Exp. Date: _____ CVV: _____

Billing Address: _____

City/State/Zip: _____

Cardholder Name: _____

Cardholder Signature: _____

Date: _____

IMPORTANT NOTICE - NO CHARGEBACKS POLICY

By signing, I authorize Probit Investigations, Inc. to charge the above card for all fees, retainers, and balances due related to investigative services. I fully understand that:

- All retainer fees and service deposits are non-refundable.
- I agree that no chargebacks or payment reversals may be initiated through my credit card provider.
- Disputes regarding services must be resolved directly with the agency.
- Attempting a chargeback will be considered breach of agreement and may result in legal action, including recovery of all legal and collection costs.