



CALL US TODAY AT 877.963.3327

## Case Request Form

Items marked with \* are required

\*Company Name:

\*Requester:

\*Claim Number:

\*Requester's Email:

\*Requester's Phone #:

\*Date of Loss:

Due Date:

\*Budget (Days or \$):

### Claimant Information

\*First Name:

Middle Name:

\*Last Name:

\*Address:

\*City:

\*State:

\*Zip Code:

\*Phone:

\*DOB:

\*SSN:

Race:

Hair Color:

Height:

Weight:

Marital Status:

Number of Children:

Children Ages:

Represented: Yes

No

Attorney:

Vehicles:

\*Injuries/Limitations:

Insured/Employer:

Contact person:

Telephone number:

OK to Contact: Yes

No

**Investigation Type**

If other, please describe:

**Description of Investigation Requested:**

**Please "save as" the completed referral form and email to: [info@wcinvestigations.com](mailto:info@wcinvestigations.com)**

**\*We will acknowledge receipt within 24 hours\***