## PI Services LLC

| P.O. Box 157 Beaverton, OR 97075-0157   |  |
|---|--|
| 503-643-4274 <u>pi-</u>   | info.com FAX 643-5474 PI Document #                    |
| Client:   | Invoice my attorney for all services, my attorney      |
| Address:  | will send an authorization email to PI Servcies.       |
| Email:  |  |
| Phone:  | ☐ I am solely responsible for my request. Retainer     |
| Date://2018   | payment for the hours requested has been submitted.    |
| Attorney:   | _ I have read the "make a payment" page at pi-info.com |
| ☐ Send copies of reports to my attorne  |  |
| ☐ I understand the fees and I have viewed/read                                  | Active Court Case? Yes or No or Pending                |
| https://pi-info.com/surveillance/   | County: Court:   |
| nttps://pi-mo.com/survemance/   | Court Date/Statute/Deadline Date://201                 |
| INVESTIGATIONS/SURVEILLANCE of the following SUBJECT:                           |  |
| II (   ZBIIGIII GI (B) BEIL   ZZZZIII ( GZ GI WA 10110 ( MIG B GZ GZ GI V       |  |
| Culting 42 a Turll Norman   |  |
| Subject's Full Name:            DOB:            SS#:                            |  |
|   |  |
| Race: Height: Weight: Hair: Other:  |  |
| Photo Attached/Sent by Email to office@pi-info.com Yes or No                    |  |
| Last Known Address:   |  |
| Helpful Information:  |  |
| Trespital finormation:  |  |
| Request:  |  |
| Request   |  |
|   |  |
|   |  |
| Date: Start time:   | End Time:  |
| Date: Start time:   |  |
|   |  |
| Date: Start time:   | End Time:  |
|   |  |
| Special Instruction:  |  |
|   |  |
| Date Started Case:/ Complete Date:/ Client Notified:/                           |  |
|   |  |
| By:   Email Phone US Mail REPORT: Saved In Clients Digital File In PST Comments |  |
| PI NOTES:   |  |
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