HART
INVESTIGATIONS & PHOTOCOPY

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Investigation Assignment & Records Request

Date: _____Claim No: _____

Claimant: _____ Telephone No: _____

Address: _____

Social Security: _____Date of Birth: _____

Employer/Insured: _____Contact/Phone: _____

Date of Injury: _____Injury Type: _____

LDW: _____ Date of Hire: _____

Claimant Represented by: _____WCAB No: _____

Med. Eval. Date: _____ Due By: _____

Please check all that apply:

☐ **AOE/COE** ☐ **Sub-Rosa** ☐ **Activity Checks** ☐ **Background** ☐ **Process Service**

Statements: ☐ Claimant ☐ Employer ☐ Witnesses ☐ Other_____

Request Records: ☐ *Obtain Release* ☐ *Issue Subpoena* ☐ Medical ☐ Claim ☐ WCAB

☐ Court ☐ Employment ☐ Police ☐ Accident ☐ Credit

Research: ☐ Past Claims ☐ WCAB ☐ DMV ☐ Address History ☐ Employment History ☐ Vital Records

Single/ Double/ Triple Copy: ☐ Investigation ☐ Medical Records

Send Copy to: ☐ AA ☐ Legal

Additional Information:

_____

_____

_____

_____

Adjuster/Attorney: _____

Agency: _____

Email: _____**Fax:** _____