

# Johnsen & Johnsen

LEGAL SUPPORT SERVICES

## SKIP TRACE / LOCATE REQUEST REQUEST FORM

### FIRM INFORMATION

|               |  |                |                      |
|---------------|--|----------------|----------------------|
| Firm Name:    |  | Contact:       |                      |
| Attorney:     |  | State Bar No.: |                      |
| Requester:    |  |                |                      |
| Phone: ( )    |  | Fax: ( )       | Alternate Phone: ( ) |
| Address:      |  |                |                      |
| City:         |  | State:         | Zip Code:            |
| Representing: |  |                |                      |

### SERVICES REQUIRED

Please check the services required

|                                                        |                                                   |                                                      |
|--------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Locate – Basic Skip Trace     | <input type="checkbox"/> National Public Records  | <input type="checkbox"/> Process Service / Messenger |
| <input type="checkbox"/> Locate – Extensive Skip Trace | <input type="checkbox"/> Public Records Retrieval | <input type="checkbox"/> Mobile Document Photocopy   |
| <input type="checkbox"/> Locate – Due Diligence        | <input type="checkbox"/> Photography/Videography  |                                                      |

### LOCATE REQUEST

|                                                                                                                                                                                                                                          |                                 |                                          |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Type: <input type="checkbox"/> Individual <input type="checkbox"/> Business                                                                                                                                                              |                                 |                                          |                                                                                                                  |
| <input type="checkbox"/> Skip Trace                                                                                                                                                                                                      | <input type="checkbox"/> Locate | <input type="checkbox"/> Rush Skip Trace | <input type="checkbox"/> Other (please explain)                                                                  |
| Full Name:                                                                                                                                                                                                                               |                                 | AKA's:                                   |                                                                                                                  |
| Sex: <input type="checkbox"/> F <input type="checkbox"/> M                                                                                                                                                                               | Race:                           |                                          | Hair Color:                                                                                                      |
| Eye Color:                                                                                                                                                                                                                               | Height:                         |                                          | Weight:                                                                                                          |
| Spouse:                                                                                                                                                                                                                                  |                                 |                                          |                                                                                                                  |
| Date of Birth – Subject:                                                                                                                                                                                                                 |                                 | Spouse:                                  |                                                                                                                  |
| Employed By:                                                                                                                                                                                                                             |                                 |                                          | Telephone: ( )                                                                                                   |
| Address:                                                                                                                                                                                                                                 |                                 |                                          |                                                                                                                  |
| City:                                                                                                                                                                                                                                    |                                 | State:                                   | Zip Code:                                                                                                        |
| Social Security No's. – Subject:                                                                                                                                                                                                         |                                 |                                          | Spouse:                                                                                                          |
| Driver's License No's. – Subject State:                                                                                                                                                                                                  |                                 | #:                                       | Spouse State: #:                                                                                                 |
| Business Name:                                                                                                                                                                                                                           |                                 |                                          | Check if Known: <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> DBA |
| Last Known Residence – Phone: ( )                                                                                                                                                                                                        |                                 | Fax: ( )                                 | Cell Phone: ( )                                                                                                  |
| Address:                                                                                                                                                                                                                                 |                                 |                                          |                                                                                                                  |
| City:                                                                                                                                                                                                                                    |                                 | State:                                   | Zip Code:                                                                                                        |
| Previous Known Residence – Phone: ( )                                                                                                                                                                                                    |                                 | Fax: ( )                                 | Cell Phone: ( )                                                                                                  |
| Address:                                                                                                                                                                                                                                 |                                 |                                          |                                                                                                                  |
| City:                                                                                                                                                                                                                                    |                                 | State:                                   | Zip Code:                                                                                                        |
| Business Tax ID No.:                                                                                                                                                                                                                     |                                 |                                          |                                                                                                                  |
| Other Information:                                                                                                                                                                                                                       |                                 |                                          |                                                                                                                  |
| <i>Please attach copies of credit application, police report, or any other pertinent information. Remember, the more information we possess, the greater the probability of our success. Provide spousal information when available.</i> |                                 |                                          |                                                                                                                  |

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