

## Information needed for Locate Investigation

Please provide as much of the following information as you have relative to the person you need to locate. This form has two parts, the subject information and the client information.

Subject information:				
Full Name:				
Date of Birth:				
Social Security Number:				
<b>Driver's License Number:</b>	State:			
Last Known Address(es):	Number:	Street:		Apt#:
	City:	State:	Zip:	
	Date this address was correct (if known):			
Address 2:	Number:	Street:		Apt#:
	City:	State:	Zip:	
	Date this address was correct (if known):			
Address 3:	Number:	Street:		Apt#:
	City:	State:	Zip:	
	Date this a	address was co	rrect (if knov	vn):
This person is a:	٥	Defendant		Other
Can we contact the person to verif	fy address:	□ Yes		No



## Client information: In charge Attorney: Case Name Billing reference or your File #: Office Contact for this file: Date information is needed: Comments or Special Circumstances:

Please fax the completed for to: Fax: 281-499-2500, or send it to our address below.

If you have any questions, please feel free to contact us. Luther Investigations 21175 Tomball Pkwy, Suite 325 Houston, Texas 77070

Phone: 281-261-5777 Fax: 281-499-2500 Toll Free: 800-530-5777