

Luchay & Associates Investigations

Investigation Request

(800) 532-6618 | (714) 259-1557 FAX

www.luchay.com

	Subrosa Acti	ivity Check OAOE/Cored. Identify O	COE OBackgro		
Client Name or Insurance Co. Address City/State/Zip Phone			Requesting party Phone Email Rush Date needed		
Claim Number Claimant/Subject Address City/State/Zip SSN Height Date of injury/Type	D	Lastate of Birth	ADJ/Case Number Phone AKA Occupation Hair color	Eye color	
Insured Name Address City/State/Zip Phone			Contact Phone		
Defense Attorney Firm Address City/State/Zip	First	Last	Phone Email -		
Note Any pending medical,		S ONO If yes,	Date:		