

## **TO HIRE US:**

- 1. Fill out all of the forms below. You can type directly on the forms using your computer and print them out if your computer allows you to, or you can print them and then fill them out by hand.**
- 2. Make sure to fill out the credit card payment form or make other payment arrangements for your initial case fee amount.**
- 3. Fax all completed and HAND SIGNED forms to (586) 285-6000. You may also scan and email the forms to: [info@eyespyinvestigations.com](mailto:info@eyespyinvestigations.com)**
- 4. An investigator will contact you at the phone number and/or email address you supplied.**
- 5. If you have any questions about hiring us, please call us at (586) 285-5000.**

**[www.EyeSpyInvestigations.com](http://www.EyeSpyInvestigations.com)**

**EYE SPY INVESTIGATIONS, INC.  
32059 Utica Road  
Fraser, MI 48026**

# **CONFIDENTIAL CLIENT INFORMATION**

(No information will be released and nothing will be mailed to your address without your consent)

NAME : \_\_\_\_\_  
(Last) (First) (M)

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

PHONE : (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

PASSWORD YOU WANT TO USE WHEN YOU CALL US :  
(We may not discuss your case without the correct password)

Why you are seeking private investigation services ? (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you investigated this case on your own ? (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any criminal or stalking allegations in this case against you ? YES NO

If you answered "YES" above, what court or city ? \_\_\_\_\_

May we leave messages on your voicemail ? YES NO

Is it OK to communicate with you at the E-mail address listed above ? YES NO

How did you hear about us ? \_\_\_\_\_

Emergency contact person : \_\_\_\_\_  
(Name) (Phone)

# SUSPECT / SUBJECT INFORMATION

NAME : \_\_\_\_\_  
(Last) (First) (M)

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

SUBJECTS EMAIL (**NOT YOUR EMAIL**): \_\_\_\_\_

DRIVER'S LICENSE : \_\_\_\_\_ STATE : \_\_\_\_\_

D.O.B. : \_\_\_\_\_ S.S.N. : \_\_\_\_\_ RACE : \_\_\_\_\_ SEX : \_\_\_\_\_

HEIGHT : \_\_\_\_\_ WEIGHT : \_\_\_\_\_ HAIR : \_\_\_\_\_ EYES : \_\_\_\_\_

TATTOOS : \_\_\_\_\_ GLASSES: \_\_\_\_\_ FACIAL HAIR: \_\_\_\_\_

OTHER IDENTIFIERS : \_\_\_\_\_

PHONE : (Home) - \_\_\_\_\_ (Work) - \_\_\_\_\_

(Cell) - \_\_\_\_\_ (Other) - \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

VEHICLE : (Year) - \_\_\_\_\_ (Plate) - \_\_\_\_\_

(Make) - \_\_\_\_\_ (Model) - \_\_\_\_\_

(Color) - \_\_\_\_\_ (VIN) - \_\_\_\_\_

DOES SUBJECT CARRY A WEAPON ? YES NO IF "YES" WHAT ? \_\_\_\_\_

DOES SUBJECT KNOW HE/SHE IS BEING INVESTIGATED ? \_\_\_\_\_

DOES SUBJECT HAVE A CRIMINAL RECORD ? \_\_\_\_\_

DOES SUBJECT USE ALCOHOL/DRUGS ? \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **ADDITIONAL CASE INFORMATION**

**CLIENT INTERVIEW NOTES**

Client: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of case: \_\_\_\_\_

What the client wants us to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What we can do for client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional case information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewing Investigator: \_\_\_\_\_

# CONFIDENTIAL AGREEMENT FOR PROFESSIONAL SERVICES

I, \_\_\_\_\_, hereby retain Eye Spy Investigations, Inc. to provide me with the professional investigative services and/or information I have requested. I agree to employ the services of Eye Spy Investigations, Inc., a private detective agency, licensed under the laws of the State of Michigan. **I understand that Private Detective-Client Privilege (confidentiality) exists pursuant to Michigan Law.** I agree that my case may be assigned to any another detective agency as Eye Spy Investigations, Inc. sees fit. Eye Spy Investigations, Inc. will investigate crimes or wrongs done against me.

I agree to use any information received during the course of this investigation for legal purposes only. I, We, My, Our heirs, beneficiaries, devisees, legatees, administrators and assigns further agree to indemnify and hold harmless said investigative agency and/or its agents and employees from any and all actions, causes of actions, claims, damages and demands of whatever type, wherever situated, arising directly or indirectly from their investigation which I, We, have requested above. I, the client, my heirs, personal representatives, any legal representatives and any successors, shall indemnify and hold harmless Eye Spy Investigations, Inc. and any of its employees, officers and agents, for any misuse of any investigative information provided to me.

**FOR YOUR PROTECTION WE RECOMMEND PAYMENT BY CASH OR SOME OTHER ANONYMOUS MEANS  
IF YOU DO NOT PAY BY CASH YOU RUN THE RISK OF YOUR IDENTITY BEING DIVULGED BY BANKING RECORDS**

\$ \_\_\_\_\_ HOURLY RATE PER INVESTIGATOR.....X \_\_\_\_\_ HOURS.....TOTAL = \$ \_\_\_\_\_  
\$ \_\_\_\_\_ DAILY FUEL SURCHARGE.....X \_\_\_\_\_ DAYS.....TOTAL = \$ \_\_\_\_\_  
\$ \_\_\_\_\_ FLAT RATE FEE FOR OTHER SERVICES.....TOTAL = \$ \_\_\_\_\_

It is the parties' agreement and understanding that I shall pay a **NON-REFUNDABLE** case fee of \$ \_\_\_\_\_

Eye Spy Investigations, Inc. will begin working on the case matters we have discussed as soon as they receive the necessary **NON-REFUNDABLE** case fee. I understand that this **NON-REFUNDABLE** case fee is based not only on the complexity of the case, but also on the investigators experience and expertise in handling such matters, and on the fact that this matter will require Eye Spy Investigations, Inc. to set aside a considerable amount of time to further my interests. Upon depletion of the case fee, Eye Spy Investigations, Inc. may, from time to time, request additional monies, in amounts estimated by them, necessary to cover any fees and expenses for the ensuing investigation. In the event of default in payment of sums due hereunder and if the agreement is placed in the hands of an attorney at law for collection, I agree to pay all costs of collection, including but not limited to reasonable attorney fees. I agree that the venue of jurisdiction for any court action shall be Macomb County, Michigan.

It is agreed that I shall be responsible for any and all payment to the above agency at the rate indicated above, plus any and all out-of-pocket expenses, mileage, and any other expenses incurred during or arising from the above investigation. Holidays are billed at time-and-a-half. There will be a **FOUR (4) HOUR DAILY MINIMUM** for surveillance or investigation. Depositions and court ordered testimony shall be considered part of the investigation and payable in advance at the same rate, per investigator. Phone calls will be billed at the above hourly rate. All charges shall be payable in advance, and shall not exceed the initial case fee. Any case fee balance not utilized within one year from the date of origin will be forfeited.

Eye Spy Investigations, Inc. will represent my interests to the best of its ability, and I agree to cooperate fully with the above agency during the period that services are rendered. Under no circumstances will I interfere or go to the site of an investigation. **If I am present at the location of an investigation, Eye Spy Investigations, Inc. will end the investigation and I will lose my entire case fee.** Additionally, Eye Spy Investigations, Inc. may withdraw its services at any time if I have interfered with an investigation or for any other reason, resulting in a complete loss of any case fee. I understand that Eye Spy Investigations, Inc. employees are not licensed attorneys, and I must contact an attorney for legal advice. I give Eye Spy Investigations, Inc. agents permission to enter into or onto any real property or vehicles that I own or possess, for purposes of furthering their investigation.

In consideration of the foregoing terms and conditions, I understand that said agency shall, under its best efforts, investigate the matter for which it was hired. Because the resolution of this matter is significantly affected by circumstances beyond the control of Eye Spy Investigations, Inc., **I understand that the agency cannot guarantee or promise any results whatsoever.** I am aware that all evidence given to me may be the only evidence in existence and I am fully responsible for it. Eye Spy Investigations, Inc. shall not be responsible for lost or misplaced evidence. Copies may or may not be kept on file.

I further agree to indemnify and hold harmless said investigative agency and/or its agents, officers and employees from any and all actions, causes of actions, claims, damages and demands of whatever type, wherever situated, arising directly or indirectly from their investigation which I have requested above. I shall indemnify and hold harmless Eye Spy Investigations, Inc. and any of its employees, officers and agents, for my misuse of any investigative information provided to me. I understand that Eye Spy Investigations, Inc. retains a copyright on all materials and evidence provided. I agree and authorize that any evidence obtained on my case may be shown, sold or distributed by Eye Spy Investigations, Inc., without any compensation to me, to any third party, including but not limited to network television production entities, as long as complete confidentiality exists. Nothing may be duplicated or made public without the written permission of Eye Spy Investigations, Inc. (Page 1 of 2)

**Due to the extensive costs Eye Spy Investigations, Inc. has incurred in hiring, training and employing its employees and sub-contractors, I agree, that from the date of this agreement, and for a period of twenty-four (24) months following the last day of any services rendered, not to, in any capacity, directly or indirectly, solicit, employ, contract or retain any employee or sub-contractor of Eye Spy Investigations, Inc. without Eye Spy Investigations, Inc.'s written consent. If I violate the above, I agree to pay Eye Spy Investigations, Inc., five thousand dollars (\$5000.00) in liquidated damages, for each occurrence or violation.**

### **COMPANY RULES AND POLICIES**

At Eye Spy Investigations, Inc., we strive to solve your case in the most efficient manner possible. We have a responsibility to provide you with the evidence you need at the lowest possible cost.

Taking the above into consideration, you must understand that on occasion you may be disappointed by the outcome of our findings. For example, you may have requested that we follow a spouse from a certain location. You may have provided us a time and day to begin our investigation. You may have provided us the type of vehicle to follow. You may have even provided us a possible place where they may be going.

If, using the information you provided, the spouse (A) Doesn't leave the location (B) Was never at the location (C) Isn't driving his or her own vehicle (D) Etc., we may sit at that location for several hours. During this time we shall be paid. Our investigators are highly trained surveillance experts. By law, we cannot provoke a subject in any way. We cannot entice them to leave. We cannot look into a crystal ball and determine where the subject is, with whom they are meeting, or where they are going. We do our best by analyzing the information we have at the present time.

Keeping this in mind, please understand you will be billed from the time we leave our office until the time we arrive back at our office. Even if there is no activity by the subject, we are still working and must be paid for our services. In the event we lose a subject we are following, we will stop billing you at that time. You will be responsible for the time spent prior to this happening.

Any time spent discussing matters related to the investigation with the client will be billed at the agreed investigative rate. Also, any time spent researching any possible leads, information or tips will be billed to the client. Our time and expertise is valuable and we must charge accordingly.

In several instances, our clients have been seen at the site of the investigation. This has not only placed our investigators in jeopardy, but has also caused many legal problems for the clients. Therefore, we have a strict policy. **If the client is found to be at the location of the surveillance, we will end the surveillance and you will lose your case fee.** Additionally, Eye Spy Investigations, Inc. may withdraw its services at any time if a client has interfered with an investigation, or for any other reason. This policy protects all individuals involved.

As licensed private detectives, we must comply with local, state and federal laws. We cannot trespass, tap phones, hack emails, beat people up, break into buildings, pick locks, etc. Although these scenarios occur on private investigator television shows, these things simply cannot happen in the real world without severe legal ramifications. You are more than welcome to ask us in confidence to perform any service. If we cannot accommodate for legal reasons, we will let you know. We cannot and will not divulge anything that we discuss. You can be assured that when you are speaking with an investigator it will remain private.

Eye Spy Investigations, Inc. employees are not licensed attorneys. We do not provide legal advice. We can only suggest things that may help you solve your case. We strongly advise you to retain a licensed attorney to answer any legal questions. We will be happy to work with your attorney on your case.

I acknowledge that I have read this agreement before signing it, and agree to be bound by its terms and conditions, and have received a copy of it. By signing it, I agree to bind my heirs, personal representatives, any legal representatives, and any successors to this agreement and its terms. If any portion of this agreement is held to be invalid, then the remainder shall still retain its full force and effect.

#### **WAIVER OF PRIVILEGE**

In the event of any dispute of services rendered, dispute of payment, or any fraud or misrepresentation made by me, I hereby waive and relinquish all rights and claims of any Private Detective-Client Privilege or confidentiality under any law, and give permission and allow agents of Eye Spy Investigations, Inc., at their discretion, to discuss my case in full with, and divulge any case matters with, any other person or entity, including **but not limited to:** credit card companies, banks, courts, attorneys, media, my friends, my neighbors, my relatives, and any investigative subjects or suspects I have requested an investigation upon.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by:

\_\_\_\_\_  
(Signed) – Client  
(11-11)

\_\_\_\_\_  
(Signed) – Eye Spy Investigations, Inc.

# CREDIT CARD AUTHORIZATION

In order to process your credit card we need the following information filled out completely:

CREDIT CARD TYPE: VISA\_\_\_\_\_ MASTERCARD\_\_\_\_\_ AMEX\_\_\_\_\_ DISCOVER\_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

THREE OR FOUR DIGIT "CVV" CODE: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

I AM AN AUTHORIZED SIGNER ON THE ABOVE CREDIT CARD ACCOUNT. I HEREBY AUTHORIZE THE FOLLOWING AMOUNT TO BE CHARGED TO MY CARD. THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN BELOW. I PROMISE TO PAY SUCH AMOUNT SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT GOVERNING THE USE OF SUCH CARD. I UNDERSTAND AND AGREE THAT THERE IS A "NO REFUND" POLICY FOR GOODS AND SERVICES. I ALSO AUTHORIZE ANY ADDITIONAL CHARGES NOT INDICATED BELOW FOR ADDITIONAL SERVICES RENDERED.

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT TO BE CHARGED TO ACCOUNT = \$ \_\_\_\_\_

NO REFUNDS