

## **TO HIRE US:**

- 1. Fill out all of the forms below.**
- 2. Make sure to fill out credit card payment form or pay on our website using PayPal for your initial case fee amount.**
- 3. Fax all completed forms to (586) 285-6000.**
- 4. An investigator will contact you at the phone number and/or email address you supplied.**
- 5. If you have any questions, please call us at (586) 285-5000.**

**[www.eyespy911.com](http://www.eyespy911.com)**

# CONFIDENTIAL CLIENT INFORMATION

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

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Do you have Caller ID on your phones ? \_\_\_\_\_

May we leave messages on your voicemail(s) ? \_\_\_\_\_

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

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

## EMAIL CONSENT FORM

Metro Detective Agency offers a complimentary online service that enables our clients to access information on their case over the internet. A client can login 24 hours a day, 7 days a week, to obtain case updates. This service is completely confidential. If you wish to participate in this complimentary service, please fill out the following information.

I, \_\_\_\_\_, wish to enroll in the above described program using the following email address:

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

I understand that a Login ID and Password, as well as instructions on how to obtain my case updates, will be emailed to the email address above. I agree to indemnify and hold harmless, Metro Detective Agency, and any of its employees, owners, agents and/or subcontractors, in the event that someone accesses my email account or otherwise obtains access to my case updates illegally or unlawfully.

I further authorize Metro Detective Agency and any of its representatives to use the above email address to communicate with me about my case. I understand that it is possible for unauthorized persons to access my email and I agree to waive any claim against Metro Detective Agency should any unauthorized access occur.

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

\_\_\_\_\_  
Client

# PROFESSIONAL INVESTIGATIVE SERVICES AGREEMENT

I, \_\_\_\_\_, hereby request Metro Detective Agency ("Agency") to provide me with the investigative services and/or information I have requested for the following reason(s):

## WRITE YOUR REASON HERE

The information that I receive will be used for legal purposes only. I, We, My, Our heirs, beneficiaries, devisees, legatees, administrators and assigns further agree to indemnify and hold harmless Metro Detective 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 Metro Detective Agency and any of its employees, officers, sub-contractors and agents, for the misuse of any investigative information provided to me.

I understand that, because of the extensive costs Metro Detective Agency 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 Metro Detective Agency without Metro Detective Agency's written consent. If I am found by Metro Detective Agency to be in violation of the above, I agree to pay Metro Detective Agency, five thousand dollars (\$5000.00) in liquidated damages, for each occurrence or violation.

I understand that Agency does not in any way guarantee the outcome of my case, and that I may be disappointed by the outcome. As an example, I may have requested that my spouse be followed from a certain location. I may have provided a time and date to begin the investigation. I may have provided the type of vehicle to follow. I may have even provided a possible place where they may be going.

If, using the information I 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., investigators may sit at that location for several hours. During this time Agency shall be paid. Agency's investigators are highly trained surveillance experts. By law, they cannot provoke a subject in any way. They cannot entice them to leave. They cannot look into a crystal ball and determine where the subject is, with whom they are meeting, or where they are going. Agency does their best by analyzing the information they have at the present time.

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

I acknowledge that any time spent discussing matters related to the investigation, including phone calls with me or my representatives, will be billed at the agreed investigative rate. Also, any time spent researching any possible leads, information or tips will be billed to me as well. National holidays are billed at time-and-a-half.

I agree that I will not appear at the location of any ongoing investigation. This does not only place investigators safety in jeopardy, but can also cause many legal problems for me as well. Therefore, I understand that Agency has a strict policy. If I am seen at the location of an investigation, Agency will end the surveillance and I will lose my entire case fee. Additionally, I agree that Metro Detective Agency may withdraw its services at any time if I have interfered with an investigation, or for any other reason, and I will lose my entire case fee. This policy protects all individuals involved.

I understand that Metro Detective Agency employees may not be licensed attorneys. If not, they will not provide legal advice. They can only suggest things that may help me solve my case. I have been advised by Agency to retain a licensed attorney to answer any legal questions. Agency will be happy to work with my attorney on my case.

(CONTINUED)

\_\_\_\_\_  
INITIALS

(06/09)

I, the undersigned, do hereby agree to employ the services of Metro Detective Agency, a private detective agency, duly 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 other licensed detective agency as Metro Detective Agency sees fit.

It is agreed and understood that I shall be solely responsible for any and all payment to the aforementioned agency at the rate of \$\_\_\_\_\_ per hour, per investigator, plus any and all out-of-pocket expenses, mileage, and any other expenses incurred during or arising from the above investigation. There will be a FOUR (4) HOUR daily minimum for any surveillance or investigation. The taking of 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.

It is the parties' agreement and understanding that I will pay a NON-REFUNDABLE case fee of \$\_\_\_\_\_. Metro Detective Agency will begin work on the matters 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 Metro Detective Agency to set aside a considerable amount of time to further my interests. Upon depletion of the case fee, Metro Detective Agency 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.

Metro Detective Agency 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, Metro Detective Agency will end the investigation and I will lose my entire case fee. Additionally, Metro Detective Agency 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 Metro Detective Agency employees may not be licensed attorneys and if they are not, cannot give legal advice. Any legal advice should be obtained only from a licensed attorney.

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 Metro Detective Agency, 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. Metro Detective Agency 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 Metro Detective Agency and any of its employees, officers and agents, for my misuse of any investigative information provided to me. I understand that Metro Detective Agency retains a copyright on all materials and evidence provided. I agree that any evidence obtained may be shown, sold or distributed by Metro Detective Agency 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 Metro Detective Agency. In the event of any legal action, venue shall be in Macomb County, Michigan.

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.

I have fully read and understand the front of this form titled PROFESSIONAL INVESTIGATIVE SERVICE AGREEMENT.

If any portion of this agreement is held to be invalid, then the remainder shall still retain its full force and effect.

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

# SUSPECT INFORMATION

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

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

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

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) - \_\_\_\_\_

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

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

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

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

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

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

DOES SUBJECT CARRY A WEAPON ? \_\_\_\_\_ IF "YES" WHAT ? \_\_\_\_\_

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

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

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

# SURVEILLANCE REQUEST FORM

I WISH TO HAVE A SURVEILLANCE CONDUCTED ON THE FOLLOWING PERSON, ON THE FOLLOWING DATE(S) AND TIME(S):

SUBJECT NAME: \_\_\_\_\_

DATE(S) OF SURVEILLANCE: \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

SURVEILLANCE SHOULD BEGIN AT THE FOLLOWING LOCATION:

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

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

I AGREE THAT I HAVE READ THE CONTRACT TITLED "PROFESSIONAL INVESTIGATIVE SERVICES AGREEMENT" AND FULLY AGREE TO ITS TERMS.

I UNDERSTAND THAT I WILL BE BILLED A MINIMUM OF FOUR (4) HOURS, EVEN IF I CANCEL THE ABOVE SURVEILLANCE AND/OR THE TARGET OF THE SURVEILLANCE HAS NO ACTIVITY.

NATIONAL HOLIDAYS WILL BE BILLED AT TIME-AND-A-HALF.

NO REFUNDS WILL BE ISSUED.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

# 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