

SKIP TRACING INTAKE FORM

CASE #: Date: /			
Requestor: Company:			
Subject Details			
Full legal			
name:			
Known aliases / nicknames:			
• Date of birth (DOB) <i>if known</i> : / /			
Estimated age:			
• Gender:			
Social Security Number (full or last 4) if known:			
Driver's license / ID number & state if known:			
Case Background / Reason for Search			
 Brief summary / reason for locating: (e.g., locate to serve papers, skip-trace for debt collection): 			

3) Cor	ntact & Location History
•	Last known address (street, city, state, ZIP):
•	Other known addresses (past 10 years):
	
•	Last known phone
	number(s):
•	Last known
	email(s):
•	Last known employer /
	workplace:
•	Vehicle description / plate # if known:
4) Kno	own Associates / Relatives / Contacts
•	Spouse / Ex-spouse: Name, relation, last known contact info:
•	Parents:
•	Siblings:
•	Other known associates (friend/landlord/co-worker):
•	Social media handles / profile links:

• Please provide any additional information that may assist in locating the subject:

Signature of Requestor:	
Printed Name of Requestor:	-
Date:	-