



FREELAND INVESTIGATION, LLC.

Matrimonial/ Infidelity

Surveillance to be conducted on:

- Husband
- Boyfriend
- Teenager/ Child
- Other _____
- Wife
- Girlfriend

Which signs do you see?

- Working a lot of overtime
- Excessive use of the internet
- Additional mileage on the car
- Hanging out with new friends
- Smells of perfume or alcohol
- Hiding the phone/ cell bill
- Purchase of an extra cell phone
- No longer interested in sex
- No longer wearing wedding band
- Saying "I need space"

Please Explain: (Note: the person being named is "The Subject.")

Number of Years Together: _____

Number of Children: _____

Subject's type of employment: _____

Does the subject have a criminal record? _____

Does the subject own or carry any weapons? _____

If yes what type? _____

Possible suspect's information: (note: Subject is the person that the subject is having an affair with.)

I have read all the above and filled out all the information to the best of my knowledge. I the under signed also promise not to use ant information obtained by Freeland Investigation Services, LLC. In any way what would be considered unlawful in the State of New York.

Signature: FULL Name: _____

Date: _____

Please DO NOT SUBMIT if you DO NOT WANT A CALL BACK. The Director only speaks with select individuals who are seriously in need of our help and need to hire an Investigator.



FREELAND INVESTIGATION, LLC.
CLIENT INTAKE FORM

Initial Consultation with a Licensed Investigator (half hour) FREE. *
***Any additional time will be charged based on our hourly fees.**

Before we accept any investigation, it is essential that you be interviewed by one of our Licensed Investigators to determine the special needs of your case and provide you with a realistic idea of the services that we are able to provide, The Investigator will also estimate the projected expense of your investigation and the amount of time it will take with most cases. However, every case is handle based upon the information provided.

Your First Name: _____

Last Name: _____

Address: _____

City: _____

ZIP Code: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Have you ever hired a private Investigator in the past? _____

If yes, was it regarding this case? _____

Did the investigation cease? _____

Do you have restraining order against you?

Do you own or carry any weapons? _____

If yes what type? _____

What type of investigation do you want?

- | | | |
|---|---|--|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Witnesses | <input type="checkbox"/> Criminal Defense |
| <input type="checkbox"/> Asset Search | <input type="checkbox"/> Missing Person | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Background | <input type="checkbox"/> Skip Trace | <input type="checkbox"/> Electronic bug sweeps |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Surveillance | |
| <input type="checkbox"/> Personal Records | <input type="checkbox"/> Undercover | |
| <input type="checkbox"/> Other: _____ | | |



FREELAND INVESTIGATION, LLC.

Briefly, tell us your story. _____

If we provide the proof you need, will you:

- | | |
|---|--|
| <input type="checkbox"/> Leave them and get a divorce | <input type="checkbox"/> Separate |
| <input type="checkbox"/> Go for therapy together | <input type="checkbox"/> I do not know, "I will need help" |

Best Time to Call: _____

Best Phone Number to Call: _____

Alternate Phone Number to Call: _____

What is your investigation budget to obtain the information that you are requesting?

- | | |
|---|--|
| <input type="checkbox"/> \$500 - \$750 | <input type="checkbox"/> \$1501 - \$5000 |
| <input type="checkbox"/> \$751 - \$1500 | <input type="checkbox"/> \$5001 and up |

Where did you hear about us?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Google | <input type="checkbox"/> Television |
| <input type="checkbox"/> Referral from a friend or attorney | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper/ Magazine/ Mailing | <input type="checkbox"/> Other _____ |

What method did you use to find us?

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Desktop | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Referral |



FREELAND INVESTIGATION, LLC.

Please complete, sign and email this form to investigations@freelandinv.com
or mail to: Freeland Investigation Services, LLC., 499 S. Warren Street #609, Syracuse NY 13202

SURVEILLANCE/ACTIVITY CHECK ORDER FORM

Name: _____ Attention: _____
 Address: _____ Date: _____
 City, State, Zip _____ Court: _____
 Telephone: _____ Case No. _____
 Cell phone: _____ Case: Title: _____
 Your Fax No.: _____ Claim/ File No: _____
 Your email: _____ Date of Loss: _____

PLEASE SPECIFY ANY SECIAL FILING OR SERVICE REQUIREMENTS

Please check the services required: Video Surveillance Activity Check Other _____
 Equipment Rental included with surveillance Yes No Rental Agreement Attached

Date: ___/___/___ Completion Deadline: ___/___/___ Trial or Hearing Date: ___/___/___

Subject: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

If two crews are needed (i.e., rural cases), is permission granted to proceed? Yes No

Description: Age: ___ Height: ___ Weight: ___ Race: _____ Sex: ___ Hair: ___ Glasses: ___

Date of Birth: ___/___/___ Marital Status: _____ Spouse's Name: _____

Subject's Vehicles: _____

Alleged Injury: _____

Physical Instructions: _____

Claim#: _____ Date of Loss: ___/___/___ Insured: _____

Type pf Claim: _____ Previous Surveillance Performed? Yes No (If "Yes", attach report)

What is the purpose of this investigation? _____

Special Instructions: _____



FREELAND INVESTIGATION, LLC.

Are these specific days on which the surveillance is to be conducted? Yes (which days? _____) No

Is there a secondary contact for this case? Yes (if so, please complete the following) No

Name: _____ Phone#: _____

Address: _____

City: _____

E-mail: _____

Referred by: _____

I agree that the above services will be provided for a fee of \$ _____.

I agree that there will be a cancellation fee of \$ _____ for all surveillance assignments.

I agree that the information provided above is accurate to the best of my knowledge and I authorize Freeland Investigation, LLC. To provide the above listed services. _____

Client Signature



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INVESTIGATION ORDER FORM

Name: _____ Attention: _____
 Address: _____ Date: _____
 City, State, Zip _____ Court: _____
 Telephone: _____ Case No. _____
 Cell phone: _____ Case: Title: _____
 Your Fax No.: _____ Claim/ File No: _____
 Your email: _____ Date of Loss: _____

Please check the type of Investigator required:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asset Search | <input type="checkbox"/> Due Diligence | <input type="checkbox"/> Judgment Recovery |
| <input type="checkbox"/> Background | <input type="checkbox"/> Electronic Data Discovery | <input type="checkbox"/> Locate/ Skip Trace |
| <input type="checkbox"/> Cheating Spouse | <input type="checkbox"/> Fraud | <input type="checkbox"/> Missing Persons |
| <input type="checkbox"/> Child Support/ Custody | <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Public Records Retrieval <input type="checkbox"/> |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Insurance/ Workers' Compensation | <input type="checkbox"/> TSCM/ECM |
| <input type="checkbox"/> Cyber Crime | <input type="checkbox"/> International | <input type="checkbox"/> Other _____ |

TYPE Individual Business

Full Name: _____ Spouse: _____

AKA's: _____ Date of Birth: _____ Subject: _____ Spouse: _____

Business Name: _____ Check if Known: Corporation Partnership DBA

Last Known Residence: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Social Security Nos.: Subject: _____ - _____ - _____ Spouse: _____ - _____ - _____

Driver's License Nos.: Subject: _____ - _____ - _____ Spouse: State _____ - _____ - _____

Business Tax ID No.: _____

Please attach copies of credit application, police report, or any other pertinent documents. The more information we possess, the greater the probability of our success. Be sure to provide information on the subject's spouse whenever possible.

I agree that the above services will be provided for a fee of \$ _____.

I agree that there will be a cancellation fee of \$ _____ for all investigation assignments.

I agree that the information provided above is accurate to the best of my knowledge and I authorize Freeland Investigation, LLC.

To provide the above-listed services. _____

Client Signature



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MOBILE DOCUMENT REPRODUCTION ORDER FORM

Attorney's Name _____ Routine Rush Order Date _____

Attention: _____ Date Needed: _____ File No.: _____

Firm Name: _____ Copies Needed: _____

Address: _____ Index of Hosp. Records
Representing Plaintiff Defendant

Please Obtain Records of: _____

Any AKA's _____

Date of Birth: _____ Social Security No.: _____ DOI: _____

RECORDS ARE LOCATED AT:

- | | |
|---|---|
| <p>1. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____</p> | <p>2. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____</p> |
| <p>3. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____</p> | <p>4. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____</p> |

Records Needed _____ Obtain Billing X- Rays

Authorization/ Subpoena is Attached: Yes No Court _____

Please Prepare Subpoena Yes No Case Number _____ Hearing Date _____

Case Title _____ v. _____ Superior Municipal

Special Instructions/ Documents to be produced _____

OPPOSING COUNSEL LIST OR MAILING LIST

Name	Address	City and State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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GPS RENTAL CONTRACT

(Initial Here)	<p>This agreement will be governed by and construed in accordance with the laws of the State of New York, Onondaga County. The information contained herein is confidential and maybe subject to the attorney-client and/ or attorney work product privilege. The information contained herein is confidential and proprietary, and is the property of Freeland Investigation, LLC providing the report.</p>
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I, _____, authorize Freeland Investigation, LLC. To charge me the following fees:

- GPS Rental Fees: \$350 Per Week or \$1,000 Per Month
- Installation/ Removal Trip Charge: \$ _____
- Equipment Lost or Damage Fee: up to \$600 (to be due and payable only if the unit is damaged or lost Freeland Investigation, LLC will advise if these charges are due and payable.)

Client Signature

Date

Billing / Contact Information:

Name: _____

Address: _____

Phone: _____ Email: _____



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GPS RENTAL CONTRACT

I, _____, understand that by initialing each clause below, I signify my agreement with each clause.

(Initial Here)	I confirm that I am a registered owner or legal owner of the vehicle to be tracked by GPS. I agree to provide verification of such ownership. If Ownership is not available, I understand that Freeland Investigation, LLC. May charge an additional \$75 to verify said ownership.
(Initial Here)	Upon sending this agreement by email or mail to Freeland Investigation, LLC., I will be charged <input type="checkbox"/> \$350 per week or <input type="checkbox"/> \$1,000 per month rental fee for each GPS Device.
(Initial Here)	I agree to a fee of \$600 if the GPS device is lost during the rental period (i.e. removed by vehicle drier, mechanic, other persons actions). I further understand that if the GPS product is deemed damaged during the rental period, I will be responsible for any labor and/or parts charges to repair the unit up to a maximum fee of \$600.
(Initial Here)	I agree to an installation and removal trip charge \$_____. I understand that this trip charge includes one trip for installation and one trip for removal, and that I am responsible for providing a valid address to Freeland Investigation, LLC. to conduct the installation and removal activities.
(Initial Here)	My rental period begins upon installation onto the vehicle and receipt of payment for both the installation trip charge and first week's rental. If the installation is unsuccessful due to circumstances outside the control of Freeland Investigation, LLC (circumstances such as vehicle not at the location provided, vehicle parked in a busy area, vehicle not accessible to the public, etc.), I understand that an additional trip charge may apply.
(Initial Here)	I will continue to be charged \$350 per week or \$1000 per month, depending on my rental choice above, if the vehicle is not made available for removal of GPS Device when required.
(Initial Here)	My monthly/ weekly rental fees will not be prorated and there will be no partial refund given if I request the GPS device to be removed early.
(Initial Here)	I agree to indemnify and hold harmless Freeland Investigation, LLC., its contractors and agents, in the event that the GPS device is discovered by the driver of the vehicle before, during and after the rental period duration.
(Initial Here)	My billing information will be kept confidential and will not be disclosed to any third parties.



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CREDIT CARD AUTHORIZATION

DATE: _____
Services Requested _____

TO: Freeland Investigation, LLC.
499 S. Warren St., Suite 609
Syracuse, NY 13202

PROCESSED: _____

INVOICE NO.: _____

APPROVAL NO.: _____

FROM: _____
Your Name

Company Name

Card Billing Address

City State ZIP

Home Phone Work Phone

I authorize Freeland Investigation, LLC to be paid for the transaction of the above-referenced company in the amount of _____ by using the card listed below.

MASTER CARD _ VISA _ AMERICAN EXPRESS _ DISCOVER _

_____ exp. date _____
Card Number 3- or 4- Digit Cv2 Code

I understand the charge for the above service is non-refundable, non- revocable and non-contestable. I waive my right to a refund and/or to dispute the charge.

Authorized Signature of Card Holder Date