

Tristar ▲ Investigation

Los Angeles, CA / Walnut Creek, CA (800) 487-0947 Fax: (310) 390-0788

Your
Name

Your
Company

Phone

Fax

Claim
Name

Sub Rosa Assignment Form

Claimant:

First

(M)

Last

Address

Apt #

City

State

Zip

Phone () —

Male

Female

Social Security Number

Date of Birth

Driver License Number

Marital Status

Spouse
Name

Height

Weight

Eyes

Hair

Vehicle Plate #:

Hobbies

Employer

Job Description

Injury Date

Injury Description

Physical Limitations

Current Status

Is Subject Working?

Subject Schedule
or Vacation Dates

Scheduled Medical or
Legal Appointment?

Date

Assignment

Number of Days

Additional: