

# Long Island Private Investigator LLC

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www.LongIslandPrivateInvestigator.com - New York State PI License# 11000163531

## Work Order for Professional Investigative Services

I, \_\_\_\_\_, the undersigned client,

Reside at \_\_\_\_\_.

I hereby agree to employ the services of Long Island Private Investigator, LLC, a duly licensed, Bonded And Insured Private Investigations Company under the Laws of the State of New York. Information furnished by Long Island Private Investigator LLC, at the request of the client is STRICTLY CONFIDENTIAL and for the client's information only. Client agrees to hold same in STRICT CONFIDENCE for his own exclusive use, never to be communicated, except for legal permissible reasons, in compliance with all applicable federal, state, and local laws and regulations. The information supplied to client may NOT be used for purposes that may cause physical or emotional harm to the subject of the report or for any criminal acts such as stalking, harassing, etc. Client further agrees to be personally responsible for any damage arising from a violation of any of the above provisions.

CLIENT acknowledges that any interference in this investigation by CLIENT or by CLIENT's friends, relatives, agents, or employees will jeopardize the ability of AGENCY to provide the services promised under this agreement. CLIENT further acknowledges that interference includes, but is not limited to calling the AGENCY and/or employees and contractors while they are trying to perform investigative duties and/or surveillance, asking to ride along on surveillances, driving past locations under surveillance, and/or visiting locations near the location under surveillance. CLIENT agrees not to interfere in any manner whatsoever, or instruct or cause anyone else to interfere, directly or indirectly, while Long Island Private Investigator LLC is in the course of this investigation. Live updates are available on a case-by-case basis. Exact positions or locations will never be given during the surveillance investigation, but will be presented within the report.

CLIENT understands and agrees that in the event anyone other than an employee from Long Island Private Investigator LLC participates or interferes in this investigation, Long Island Private Investigator LLC will immediately terminate all efforts in this assignment and CLIENT will forfeit Any & All unused portion of payments at that time, and we will immediately discontinue our investigation and close our file.

Surveillance is by appointment only. The minimum 2-hour fee, plus travel time of one hour, will be charged 24 hours prior to the start of the investigation. A Minimum of 12 Hours notice must be given for Cancellation of a Surveillance assignment Otherwise client will forfeit the scheduled hours & fee already charged.

The client further agrees to indemnify and hold harmless Long Island Private Investigator LLC, from any and all actions, causes of actions, claims, damages, and demands of whatever type arising directly or indirectly from the investigation and/or information requested above. Furthermore, Long Island Private Investigator LLC is not responsible for any unforeseen phenomenon's, i.e.: acts of God, clients Miscalculations/misinformation, subject's acts/events or elements/factors that are not directly within the Control of Long Island Private Investigator. This releases Long Island Private Investigator LLC, For Legal Purposes.

This contract remains valid for any & all-future work/investigations requested by client, unless specified Differently by Long Island Private Investigator LLC. Upon completion of the investigation, Long Island Private Investigator LLC will provide client with a written report and any evidence gathered; photos, video Etc., which may be obtained during the investigation. Information will be compiled as a result of the Investigation. However, Long Island Private Investigator LLC assumes no responsibility for errors or Omissions that may occur.

**\*\* Print /Type in detail below, the type & purpose of the investigation you are requesting: \*\***

X-----X

**Examples:** Surveillance for Insurance Fraud, Infidelity/Cheating, Child Custody, Civil Action, Criminal, Missing Person, Background Check or Locate Investigation, Pre Employment Screening, Statement, Photographs, Activity Check etc.

### **Surveillance:**

*Minimum Four-Hour Block for Surveillance Investigation, includes Video Evidence on a DVD & Report.*

### **Other Services, included but not limited to:**

- Written or Recorded Statements & Interviews with Report:
- Record Retrieval / Alive & Well Checks / Process of Service:
- Basic Background Check & Locate: (First & last name w/ DOB or SSN# required)
- Legal testimony

### **Target Information:**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M/F Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_

Last known Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Eyes/Glasses \_\_\_\_\_ Race \_\_\_\_\_ Scars/Tattoos \_\_\_\_\_ Vehicle type & Color \_\_\_\_\_ License Plate # \_\_\_\_\_

SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Accident \_\_\_\_\_ Injury \_\_\_\_\_ Attorney \_\_\_\_\_

List any additional information that you believe may assist us in the investigation, such as family members & friends Addresses, places frequented, place/address of employment etc. Do you have any evidence to support your claim?

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

**Do you or any immediate family member or friend; have a restraining or no contact order from the specified target of this investigation?  
\*\*\*\* Print Yes or No Here\*\*\*\***

### **For Credit Card Payments, Enter Information Below - Charge Appears On Your Statement as "Long Island"**

Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Security # \_\_\_\_\_

Client agrees to make an initial payment to Long Island Private Investigator LLC, in the amount of \$ \_\_\_\_\_ .00  
No additional fees will be charged to clients credit card account unless written or verbal authorization is given.

**\*ANY INFORMATION RELEASED BY YOU AND USED FOR ILLEGAL PURPOSES IS PUNISHABLE BY LAW\***

**\* CLIENT MUST INCLUDE A COLOR PHOTO OF VALID IDENTIFICATION WITH THIS WORK ORDER CONTRACT \***

By Signing below, client agrees and accepts ALL terms and conditions set forth in the above Work Order Contract

Client's Name (Printed) \_\_\_\_\_

Client's Signature \_\_\_\_\_ DATE: \_\_\_\_\_