# Long Island Private Investigator LLC

### Work Order Contract for Professional Investigative Services

Phone: 516-395-6101 Fax: 877-597-5909 Website: www.LonglslandPrivateInvestigator.com Email: NewYorkStateInvestigator@Gmail.com New York State Private Investigator License# 11000163531 Mailing Address: 654 Wellwood Avenue Suite D120, Lindenhurst NY 11757 This business is licensed by the New York Department of State; Division of Licensing Services

In detail, explain what type of investigation you are requesting and for what purpose:

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.

## **Target Information:**

Full Name			Date of Birth	Sex M/F Height	Weight	Hair
Last known Home Address				Telephone #		
Eyes/Glasses	Race	Scars/Tattoos	Vehicle & Color	License Plate #		
			-	gation such as family mer have any evidence to sup	,	

\*\* Does the Target Specified Above, Have a Restraining order or Stay Away Order against You or any immediate family member or friend? \*\*\*\* Print <mark>Yes</mark> or <mark>No</mark> Here\*\*\*\*\_\_\_\_\_\_

I, \_\_\_\_\_, the undersigned client, Residing at

I hereby agree to employ the services of Long Island Private Investigator, LLC, a duly licensed and Bonded 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.

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, client's 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.

### Surveillance Fees – \* 2 Hour Minimum\* + 1 Hour Travel Time (See Below for Details) \*

Long Island Surveillance Fees: (\$75/Hour) 4 Hours/\$300.00 8 Hours/\$600.00 16 Hours/\$1.200.00 24 Hours/ \$1.800.00

New York City/ 5 Burroughs Surveillance Fees: (\$90/Hour) 4 Hours/\$360.00 8 Hours/\$720.00 16 Hours/\$1.440.00 24 Hours/\$2.160.00

\* 1 Hour of Travel Time will be added to all surveillance investigations. This fee is for all cases within a 50-mile radius of our location, Hospital Road & Sunrise Highway, Patchogue NY. (1 Hour is calculated at 30 Minutes to and 30 Minutes from the investigative Location)

#### Other Services & Fees:

Basic Background Check & Locate: \$125.00 (Price is for cases with first & last name w/ DOB or with a SSN#) Cell Phone # Owner Trace/Historical: \$50.00 for positive results, No Charge for No Hits Statements/Interviews/Photographs/Physical Locates, etc.: \$75.00/Hour - Minimum 1 Hour + 1 Hour Travel Time. Legal testimony Fee: Minimum \$225.00 + Travel Fee of \$75.00

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.

For Credit Card Payments, Enter Information Below - Charge Appears On Your Credit Card 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 F	Private Investigator LLC, in the amount of \$_		. 00	

No additional services will be performed or charges conducted without verbal or written consent or authorization from client.

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

#### \* CLIENT MUST INLCLUDE A COLOR PHOTO OF VALID IDENTIFICATION WITH THIS WORK ORDER CONTRACT \* (Email a photograph of a State Issued License OR State Issued ID Card)

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

Client's Name (Printed)

Client's Signature DATE: