

**ESTES-ZAKO & ASSOCIATES
INVESTIGATION ASSIGNMENT FORM**

Date: _____

Client's Details

Company			
Requestor's Name			
Address			
Primary Phone		FAX	
Email			

Case Details

Claim No.		WCAB No.	
Assured			
Address			
Occupation		Date of Injury	
Subjective Complaints			
Hearing Time & Place			
Number of Days Requested			

Subject's Details

Name			
Address			
Phone		Email	
SSN		Date of Birth	
Married		Children	

Physical Descriptions

Height		Weight	
Build		Date of Birth	
Age		Sex	
Eyes		Hair	
Glasses		Race/Ethnicity	

Treating Doctors			
Appointments			
Claimant Attorney			
Defense Attorney			
Miscellaneous or Other Instructions			

