

YOUR MISSION
IS OUR MISSION

TRI STATE DETECTIVE AGENCY

WORK ORDER CONTRACT FOR PROFESSIONAL INVESTIGATIVE 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 (please provide all known information):

Full Name _____ Date of Birth _____

Sex: M/F Height _____ Weight _____ Hair Color _____ Race _____

Eye Color _____ Glasses _____ Scars/Tattoos _____ Facial Hair _____

Last known Home Address _____

Telephone # _____ Vehicle (Make, Model and Color) _____

_____ License Plate # and State _____

List any additional information that you believe may assist in the investigation such as family members, friends and addresses, places frequented, name and address of employment etc. Do you have any evidence to support your claim? If so, please provide details below:

Two Bala Plaza
Bala Cynwyd, PA 19004

Phone: 267-733-6166
Toll Free: 888-808-7587
Fax:: 267-507-9419



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** Does the target specified, have a Restraining Order or Stay Away Order against you or any immediate family member or friend? ** Print Yes or No Here** _____.

I, _____,

The undersigned client, residing at: _____

I hereby agree to employ the services of Tri State Detective Agency, a duly Licensed and Bonded Private Investigations Company under the Laws of the State of Pennsylvania. Information furnished by Tri State Detective Agency, 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 Tri State Detective Agency, 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 Tri State Detective Agency, participates or interferes in this investigation, Tri State Detective Agency 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 4-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 Tri State Detective Agency, 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, Tri State Detective Agency, 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 Tri State Detective Agency's Private Investigator. This releases Tri State Detective Agency, For Legal Purposes.

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Surveillance Fees –* 4 Hour Minimum* + 1 Hour Travel Time (See Below for details)

8 Surveillance Hours/\$600.00

24 Surveillance Hours/ \$1,800.00

GPS 7 Service Days /\$400.00

GPS 30 Service Days/ \$1,000.00

Basic Search /\$75.00

Advance Searches / \$250.00

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, Two Bala Plaza, Bala Cynwyd, PA 19004. (1Hour 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.: \$50.00/Hour-Minimum 1 Hour + 1 Hour Travel Time. Legal testimony Fee: Minimum \$225.00 + Travel Fee of \$75.00. Administrative fees (reports, video preparation, etc.) are billed at \$75.00 per hour.

This contract remains valid for any & all future work/investigations requested by client, unless specified differently by Tri State Detective Agency. Upon completion of the investigation, Tri State Detective Agency, 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, Tri State Detective Agency, 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 “SQ *Tri-State Detectiv”

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Name on Card: _____

Billing Zip Code:_____ Credit Card #:_____

Expiration Date_____/_____ 3 Digit Security #_____

Client agrees to make an initial payment to Tri State Detective Agency, in the amount of _____. No additional services will be performed or charges conducted without verbal or written consent or authorization from client.



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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 **(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:

Tri State Detective Agency Representative:

Thomas P. Nixon Sr

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