

**LYDECKER INVESTIGATIONS, INC.**

Licensed, Bonded & Insured  
States of New York & New Jersey  
*www.nyinvestigation.com*

Lydecker Professional Building  
143 Main Street  
Nyack, New York 10960  
Phone 845-358-4800 Fax 845-358-8323

**INVESTIGATION REFERRAL FORM**

Carrier/Client:  
Address:  
  
Claim/File #:

Representative Name:  
Phone:  
Fax:

Claimant:  
  
Date of Birth:  
Claimant description:

Address:  
Telephone #'s:  
Social Security #:  
Claimant injuries:

Insured:  
Address:  
Telephone #'s:

Contact person:

Date of Loss:

Location of loss:

Expert / IME doctor(s)  
Telephone #:

Index #:  
Venue:

**REQUESTED SERVICES**

Signed statement	Scene photos/diagram	Surveillance
Police Report	Interview Police Officer	Activity check
File review	Subpoena services	Insured contact
Expert scheduling	Process service	Locate witness
Witness interview	D.M.V. search	Database searches

**Instructions:**

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