

# Delta Investigations

## Locate/ Skip Trace Form

### Client Information

Please check one (required).

Insurance Company/Law Firm

Individual/Company

Name of Firm: \_\_\_\_\_  
*M.I.*

Your Full Name: \_\_\_\_\_  
*Last First M.I.*

Your Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Your telephone Number: \_\_\_\_\_ Your Email Address (required) \_\_\_\_\_

Your Fax Number: \_\_\_\_\_ Name of Assistant: \_\_\_\_\_

Your Reference Number: \_\_\_\_\_

### Quote

Request for Quote

Rush (additional cost)

**Subject Information**

Full Name: \_\_\_\_\_  
First and Middle Name Last name

Date of Birth: \_\_\_\_\_ Confirmed DOB  Possible DOB  DOB Unknown   
Y/M/D

Social Insurance Number: \_\_\_\_\_

Subject's Full Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City Province/State ZIP Code

Subject Current Address? YES  NO  Last Date at this Address: \_\_\_\_\_

Phone Numbers (Please Circle Active or Inactive for each number)

Number1: \_\_\_\_\_ Number2: \_\_\_\_\_  
Active / Inactive Active / Inactive

Number 3: \_\_\_\_\_  
Active / Inactive

Subject's Driver's License Number: \_\_\_\_\_ Associated Vehicle Plates: \_\_\_\_\_

Subject's Email Address: \_\_\_\_\_ Subjects Employer: \_\_\_\_\_

Vehicle Information (if known): \_\_\_\_\_

### Subjects Employer (if known)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's  
Full Address

Street Address

Apartment/Unit #

City

Province/State

ZIP Code

Job Title (if known): \_\_\_\_\_

### Subject's Spouse Information

Spouse Locate  
(required):

Yes

No

Does the subject  
reside with their  
spouse (required):

Yes

No

Unknown

Marital Status  
(required):

Married

Common-law

Separated

Divorced

Unknown

Subject's Spouse

Full Name:

First and Middle Name

Last name

DOB:

Y/M/D

Spouse's SIN  
(if available)

Check if Same as Subjects

Spouse's  
Full Address

Street Address

Apartment/Unit #

City

Province/State

ZIP Code

Spouse's Phone Numbers (Please Circle Active or Inactive for each number)

Number1:

Active / Inactive

Number2:

Active / Inactive

Spouse's Driver's License Number: \_\_\_\_\_ Plate Numbers of Spouse's Vehicles: \_\_\_\_\_

Subject's Email Address: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Vehicle Information (if known):

**Spouse's Employer (if known)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Full Address \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*Province/State*

*ZIP Code*

Position at Employer: \_\_\_\_\_ Trade of Profession \_\_\_\_\_

**Social Media Accounts**

Please include any links to subject's known social media accounts:

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

**Associations**

Names, Addresses and Phone Numbers of any relatives or friends who may be able to provide information. Please include how these individuals are associated to the subject.:

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

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Do you have judgement against the subject?:

Yes  No

Has the subject ever signed a consent giving authorization for you or your client to conduct a financial investigation? (ie. as is usually found in loan, lease or credit applications):

Yes  No

Please explain:

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We are a licensed agency, and by law this trace must be conducted for a lawful purpose. Are there any court orders prohibiting you (or anyone associated with you) from conducting this trace?:

Yes  No

You must give a full explanation as to why this trace is required. We will only conduct this trace if it is a lawful purpose and will not violate any law. (required):

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**Attachments**

Please attach all relevant documents associated with this request i.e motor vehicle accident report, credit bureau, police report.