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Skip Trace Form

DATE: _____ YOUR NAME: _____

FIRM NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

YOUR FILE #: _____

CASE/CAUSE #: _____ STATE FILED: _____

CASE NOT FILED. NEED CURRENT ADDRESS FOR SERVICE OF PROCESS.

Please run your \$135 guaranteed locate.

Please run your \$30 basic skip trace.

I understand you will attempt to provide a positive address for the below subject. I understand this assignment will take up to **30** days. I understand there is a fee of \$50 (guaranteed locate) if a current address is not found. I also understand there is an additional fee for the service of process depending on where the subject currently resides. Service of process will not be conducted without your authorization first. Any new address located is guaranteed for 30 days from the date of our report to you. I agree not to use the findings for consumer credit purposes, consumer insurance, underwriting, pre-employment purposes, tenant screening purposes or for other purposes prohibited by deferral or state statutes or for any illegal activity. Fees are due and payable upon submission of report.

AGREED: _____

DATE: _____

SUBJECT INFORMATION

COMPLETE NAME: _____ SPOUSE: _____

LAST KNOWN ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PRIOR KNOWN ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

EMPLOYMENT: _____ TELEPHONE: _____

EMPLOYER ADDRESS: _____ CURRENT? Y/N

SUBJECT IS NOT AWARE WE ARE ATTEMPTING TO LOCATE THEM. SUBJECT IS ACTIVELY AVOIDING CONTACT OR MAY AVOID CONTACT.

WHAT STEPS HAVE YOU TAKEN, IF ANY, TO LOCATE SUBJECT? (IE ATTEMPTED SERVICE OF PROCESS AT ADDRESS, MAIL RETURN, ETC.)

WHAT OTHER INFORMATION DO YOU HAVE THAT MIGHT BE HELPFUL? (TELEPHONE, RELATIVES, ETC.) _____