

SUPPLEMENTAL REQUEST
TRANSMITTAL FORM

All requests for additional investigative work by Investigative Services (IS) must be made using this FORM. A separate form must be completed for each Request for Service.

TO BE COMPLETED BY LEGAL

Case Number:	Subject:	
Board:	HL Code:	Status: Requested Completion Date
*If less than 30 days, provide explanation why in Comments Section below		

TO: Christie Jackson, Miami (Manager) **FROM: (Name/Title)**
CC: (Last assigned Inv) **Date: Phone #: SC**

A
TYPE OF SERVICE REQUESTED:

- 1 Further Investigation
- 2 Serve Administrative Complaint and attachments /ESO*
- 3 Serve Subpoenas*
- 4 Serve Notice to Cease and Desist*
- 5 Locate witness, trial prep.*
- 6 Other:

*If Box 2, 3, 4 or 5 is checked and service is required, the following additional information is needed for each service request:

Last Known Address Last Known Name & Phone Number:

Last Known Place of Employment & Address if Known:

Has Contact Been Made With This Individual? If Yes, When?

Are there special instructions concerning this service? If yes, please call at SC Phone # for details.

Was this case originally worked in an area office different from where this service request is being sent? **

If yes, please provide the name of the investigator who worked the case

Also, **IF YES, please send a copy of the original Investigative Report without attachments.

COMMENTS:

TO BE COMPLETED BY FIELD OFFICE – THIS FORM MUST BE ATTACHED TO THE TOP OF YOUR RESPONSE TO THIS REQUEST AND RETURNED TO INV. SVCS. HEADQUARTERS

Completed By: _____ ID Code: _____ Date: _____

Supervisor: _____

Comments: