

Hewett & Associates, LLC

P.O. Box 463 Keedysville, Md. 21756 1-800-776-5069

Please email or FAX the form to: 1-267-350-6588

Email: Allen@Hewett-pi.com

Intelligence Forms

Below is a budget calculator designed to give you an idea of the expense involved. Since the client is closest to the target, you'll be in a better position to identify those hours when the highest likelihood of success exists. Once the budget is calculated, it will become the retainer amount. We will not incur any expenses beyond this without prior consent*.

Please complete as much as possible without risking exposure or elevating paranoia levels of the Target/s/. Please fill in the chart using WordPerfect or Word. Cells will expand if needed. Include any photos of the subjects involved. If this is not possible, you can FAX the form to 1-267-350-6588. Feel free to included directions, maps etc. There is no such thing as ***Too Much Information***. We would not want to incur expenses developing information you may already have. A fine line exists between budgetary concerns and the amount of evidence needed. Assume the Operation is a one time opportunity. A minimal budget MAY gather information one a single date. However, demonstrating a ***"Pattern of conduct"*** could prove extremely valuable to your case. You may want to consult your Attorney as to the hours per day and days per week that would best fit your budget while gathering as much information as possible.

Operation Information : Budget/Retainer Calculator				
Date/s/ of requested Operations	Times	Total Hrs. @ \$70.00/hr	Locations	
xx/xx/xx		2.0	Case open; Report/video/exhibit preparation	
Est. Miles @ .70/mi.			Projected Budget/Retainer Inc. 6% Sales Tax	0
Objective/s/				

*** NOTE: It is agreed the hours may be extended if useful information, in the judgement of the Operative, is developed/developing as the operation is scheduled to terminate.**

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Target (Primary Subject of investigation)		First	Middle	Last	
Descriptions		Age	Hgt/Wgt	Hair color/style , scars, tattoos etc.	
Photo Available?			If so, forward or E-MAIL in .jpg or bmp format.		
Full Address				Home Phone	
Employer Address				Work Phone	
Work Schedule					
Vehicles	Tag/State	Year/Make	Model	Color	Misc.
Places they may frequent, days & times.(i.e. Gym, local bar, school etc.)					
Other Information					

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Target (Secondary Subject of investigation. i.e Boy/Girlfriend)	First	Middle	Last		
Descriptions	Age	Hgt/Wgt	Hair color/style , scars, tatoos etc.		
Photo Available?		If so, forward or E-MAIL in .jpg or bmp format.			
Full Address				Home Phone	
Employer Address				Work Phone	
Work Schedule					
Vehicles	Tag/State	Year/Make	Model	Color	Misc.
Places they may frequent, days & times.(i.e. Gym, local bar, school etc.)					
Other Information					

Persons of Interest (Children, neighbors etc.)	First	Middle	Last		
Descriptions	Age	Hgt/Wgt	Hair color/style , scars, tatoos etc.		
Photo Available?		If so, forward or E-MAIL in .jpg or bmp format.			
Full Address				Home Phone	
Employer Address				Work Phone	
Work Schedule					
Vehicles	Tag/State	Year/Make	Model	Color	Misc.
Places they may frequent, days & times.(i.e. Gym, local bar, school etc.)					
Other Information					

Investigative Services Contract

Mail the signed agreement to: Hewett & Associates PO Box 463 Keedysville, Md. 21756
or FAX to 267-350-6588

CLIENT INFORMATION:

Full Name: _____
Physical Address: _____
City/state/zip _____
Contact Numbers: _____

Agreement dated as of _____ between _____ (hereinafter referred to as "*CLIENT*") and **Hewett & Associates** (hereinafter referred to as "*AGENCY*")

1. *AGENCY* shall provide *CLIENT* with investigative services which may result in. written reports, recorded statements, documents, photographic, video, audio, and related materials, as set forth by the terms and conditions below. *CLIENT* agrees that all reports will be submitted and received subject to the conditions of this Agreement.

2. Reports may be delivered via US Mail, faxed upon consent from *CLIENT*, hand delivered or delivered telephonically. All reports, verbal and otherwise will be made to:
_____ at _____

Messages and voice mail recordings may be left at: _____

Email messages may be left at and responded to: _____

3. *CLIENT* agrees to pay *AGENCY* for all services rendered regardless of the outcome of said services. Payments in full are due to *AGENCY* by way of agreed retainer outlined in this paragraph before *AGENCY* shall commence any work on behalf of *CLIENT* unless otherwise agreed between the parties of this agreement. Unless otherwise agreed, *CLIENT* agrees to pay *AGENCY* for all work undertaken or to be undertaken at the rate of:

\$65.00 per hour, billed at a minimum quarter hour increments port to port with a four (4) hour minimum per event. Email receipt, reply and compositions billed in .1hr increments.

\$00.65 per mile of travel port to port from the nearest Frederick, Hagerstown or Martinsburg location.

\$03.00 per minute for phone messages and consultation

plus all Out-Of-Pocket (OOP) expenses that may include but not limited to: (Film, photo developing, audio/video tapes, toll calls, toll charges, parking).

4. *CLIENT* shall pay a retainer in this instance of \$_____ against costs. It is agreed that any and all court appearances pertaining to this case are billed at the rate of \$75 per hour plus .65 per mile plus associated expenses. No charges above the retainer will incurred without prior approval of the *CLIENT* except as agreed upon in the event of continuing useful activity as determined by the Operative. Likewise, no work shall be performed prior to the submission of an additional retainer mutually agreed upon.

5. Pursuant to law, the *AGENCY* will keep and maintain all reports strictly confidential. Except where required by law, no information from reports will be revealed to the person reported on or to any other person unless *CLIENT* gives express consent.

CLIENT Signature _____ Date _____

6. **AGENCY** will endeavor to provide complete and accurate reports pursuant to this agreement. Nevertheless, **CLIENT** acknowledges that the information contained in such reports is obtained from sources including, but not limited to: public records, nonproprietary services and through observation or perception, which may require the exercise of judgment of interpretation. **CLIENT** further releases **AGENCY**, its officers, employees, and affiliated companies and any companies or individual from which **AGENCY** obtains information included in a report, from the liability arising or alleged to arise directly or indirectly from any negligent acts, errors, or omissions by any of the providers of information or **AGENCY** in connection with the preparation of any reports, written or verbal.
7. Name similarities may be included in the report due to lack of sufficient information to verify that the individual or entity is the subject of research. It is agreed that **CLIENT** will furnish **AGENCY** with true and accurate information to the best of **CLIENTS** knowledge and ability at the time of this agreement. **AGENCY** reserves the right to decline, or withdraw from, any assignment that might give rise to a conflict without explanation. **CLIENT** understands that knowingly supplying false, misleading or incomplete statements or information to **AGENCY** relating to said assignment will result in immediate termination of said assignment and forfeiture of all retainers and money paid to **AGENCY**. **AGENCY** does not draw conclusions, makes representations, nor expresses any opinions regarding the information contained in the report other than those expressed in the capacity of an "Expert Witness".
8. By requesting and receiving reports, the **CLIENT** agrees to indemnify and hold harmless **AGENCY**, its officers, and employees from any and all claims, liabilities, expenses, fees including attorney fees, costs, and judgments arising from **CLIENTS** use or possession of the information furnished in said reports.
9. **CLIENT** agrees that **AGENCY** is engaged solely by yourself or your company, regardless of your **CLIENT's** ability and/or willingness to pay and further agree that if any monthly invoice is not paid by you or your company within thirty days after it is rendered, it will be subject to a service charge at the rate of 1.5% per month and you will be responsible for any reasonable expenses associated with collections including, but not limited to, our time at our standard hourly rate and all attorney fees related to collection of any past due amounts from **CLIENT**.

Name On Card		Card Number	Expiration Date
3 digit CCV Code in the signature area		Circle one: VISA MASTERCARD	

**Mail the signed agreement to: Hewett & Associates PO Box 463 Keedysville, Md. 21756
or FAX to 267-350-6588**

CLIENT Signature _____ **Date** _____