

# REQUEST FOR HOME INVESTIGATION

\_\_\_\_\_ Case Number

\_\_\_\_\_  
Plaintiff / First Petitioner

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

/

Home Phone #

Work Phone #

I have / will have deposited \$ \_\_\_\_\_ in my law office trust account specifically to pay Home Investigation charges for this action. \*

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney for Plaintiff / First Petitioner

\_\_\_\_\_  
Telephone

VS. / AND

\_\_\_\_\_  
Defendant / Second Petitioner

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

/

Home Phone #

Work Phone #

I have / will have deposited \$ \_\_\_\_\_ in my law office trust account specifically to pay Home Investigation charges for this action. \*

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney for Defendant / Second Petitioner

\_\_\_\_\_  
Telephone

AND

\_\_\_\_\_  
Third Party

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

/

Home Phone #

Work Phone #

I have / will have deposited \$ \_\_\_\_\_ in my law office trust account specifically to pay Home Investigation charges for this action. \*

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney for Third Party

\_\_\_\_\_  
Telephone

## INVESTIGATION DETAILS

\_\_\_\_\_  
(Yes / No) Prior or current involvement with CSB?

**COST of Home Investigation - \$ \_\_\_\_\_ \***

\_\_\_\_\_  
(Yes / No) Prior Home Investigation?

**(Including Travel Costs of \$ \_\_\_\_\_ )**

**OTHER:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ (Judge / Magistrate) \_\_\_\_\_ (Date)

NOTE: **CHARGES FOR HOME INVESTIGATION** are to be paid to the Home Investigator upon receipt of his/her bill. A FINAL HEARING DATE will not be set until ALL charges relating to the Home Investigation are PAID IN FULL.