

REQUEST FOR HOME INVESTIGATION

Case Number _____

Plaintiff / First Petitioner

Street

City, State, Zip Code

/

Home Phone #

E-Mail

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 #

E-Mail

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 #

E-Mail

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

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

_____ Prior Home Investigation?
(Yes / No)

COST of 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.