



Office of State Human Resources

ROY COOPER  
Governor

BARBARA GIBSON  
Director, State Human Resources

**Complete this form and send via secure email or fax to the assigned TPA adjuster when surveillance is authorized for any workers' compensation claim. Attach a current photograph of the claimant.**

**REQUIRED INFORMATION**

Agency Staff Member Completing Form:	
First Name:	Last Name:
Division:	Facility/Department:
Contact Phone Number:	Email Address:
Date of Form Submission:	Selected Surveillance Vendor:

Employee/Workers' Compensation Claimant Information:		
First Name:	Last Name:	
Street Address:		
City:	State:	Postal/Zip Code:
Last Known Phone Number:		
Date of Birth:	Social Security Number:	
Sex:	Race:	
Height:	Weight:	

Workers' Compensation Claim Information:	
TPA Claim Number:	Date of Injury:
Description of Injury:	
Number of Surveillance Days Requested:	
Is the claimant represented by an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, Attorney name, street address, & phone number:	

### ADDITIONAL INFORMATION

- **What are the employee's upcoming medical appointments with authorized treating physicians, therapies, etc.? List date(s), time(s), and location(s).**

Click here to enter text.

- **Is the employee working light duty?  Yes  No If so, what is their work schedule?**

Click here to enter text.

- **Has a background investigation of this employee been completed to obtain information regarding bankruptcies, foreclosures, criminal charges, civil lawsuits, personal injury, workers' compensation claims, etc.?  Yes  No**

**If "YES", attach copy of background investigation findings.**

**If "NO", are you requesting a background investigation at this time?  Yes  No**

Click here to enter text.

- **Does the employee have other properties/addresses? Does this person own a business, farm, second home, or have alternate addresses? If so list all addresses.**

Click here to enter text.

- **Does the employee have approved or non-approved secondary employment, non work activities, hobbies, websites, etc.? If so, list all details.**

Click here to enter text.

- **What are the goals for this surveillance? What information are you hoping to obtain from this surveillance? What information would be most helpful to assist you at this time with overall claim handling/management?**

Click here to enter text.

- **Is this a rush assignment? Are there any forthcoming deadlines, mediations, or hearings? If so, provide details.**

Click here to enter text.

- **List all known social media sites in which the employee participates, i.e. Facebook, Instagram, LinkedIn, etc.**

Click here to enter text.

**\*\* ATTACH A CURRENT PHOTOGRAPH OF CLAIMANT**