



Office of State Human Resources

JOSH STEIN
Governor

STACI MEYER
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).**

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

- **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

- **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.**

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

- **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?**

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

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

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