I.C.U. Inc. 1-888-342-7737 FAX (866) 329-8787



CIVIL SUIT TRACER \$50.00 County / \$150.00 State / \$400.00 US

This order form/disclaimer must be filled out entirely for us to process your request

Orders will not be taken from or concerning Massachusetts residents.		
Normal turn around time is 4 days. It ma 2 days. Please ✔ appropriate choice:	y, however, take up t	to 7 days. Rush Delivery, turn around time is
☐ State search (Insert state he☐ US The only information we require is the na	re)	
NAME		SOCIAL SECURITY NUMBER
SPECIAL INSTRUCTIONS OR INFORMATION		
THE DEASON LAM DECILI	ESTING THIS IN	IFORMATION IS (Check One)
		,
I am attempting to contact an old friend or relative		
I am requesting information	n in regards to civil li	tigation: (If pending, fill in "pending")
Case No.	Court Name	
NOTE: All information requests are held in confidence. No information will be disclosed to the person about whom you are requesting information. I hereby affirm, certify and swear that the reason that I have requested this information is for the sole reason stated above, and that I have bona fide reason to request this information. I also swear that this information will not be used for anything illegal, immoral, obscene, or violent. I authorize you to bill my credit card, and agree to pay the issuing bank in accordance with my cardholder agreement.		
CREDIT CARD INFORMATION	Visa, MasterCa	ard, American Express, Discover
CARDHOLDER NAME	CARDHOLDER ADDRESS	
CITY, STATE, ZIP		PHONE NO.
CARD NUMBER		EXPIRATION DATE
SEND THE INFORMATION TO ME:		
By mail at the above add By fax at this number By E-Mail at this address	S	tem Below)