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



## PRISONER TRACER ORDER FORM \$50.00

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

Orders will not be taken from or concern	ning Massachusetts residents.
Normal turn around time is 4 days. It maturn around time is 2 days. Please ✔ ap	ay, however, take up to 7 days. □ ✔ here for Rush Delivery, propriate choice:
I want a:  state search (Insert state US	here)
The only information we require is the name and social security number.	
NAME	SOCIAL SECURITY NUMBER
SPECIAL INSTRUCTIONS OR INFORMATION	I
THE REASON I AM REQU	IESTING THIS INFORMATION IS (Check One)
I am attempting to contact	t an old friend or relative
I am requesting information	on in regards to civil litigation: (If pending, fill in "pending")
Case No	Court Name
<b>NOTE:</b> 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	I Visa, MasterCard, American Express, Discover
CARDHOLDER NAME	CARDHOLDER ADDRESS
CITY, STATE, ZIP	PHONE NO.
CARD NUMBER	EXPIRATION DATE
SEND THE INFORMATION TO ME:	
(Please Check Only <u>One</u> Item Below)  By mail at the above address	
_ ,	
	SS
	SIGNATURE