County of Sacramento
Social Services
Conflict Criminal Defenders

Theresa Huff
Executive Director

Private Investigator License Information Form

Investigator Name: _____P.I. License No._____

Firm Name: _____

California Driver's License No. _____Expiration Date: _____

I certify that the attached is a true and correct photocopy of the above referenced license information. I understand that I am responsible for providing the Conflict Criminal Defenders with a photocopy of my renewed driver's license and/or private investigator's license upon expiration of my current license(s).

I agree to immediately notify the Conflict Criminal Defenders if my license becomes invalid for any reason. I understand that failure to do so may result in my removal from the list of approved investigators.

Signature: _____ Date:_____

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Private Investigator's Supplemental Application Form

Please Print

Name (Last)	First	Middle Initial	Company/Firm Name (dba)
Social Security No.	Fed. Tax I.D. No.	Telephone No.	Private Investigator's Lic. No.
Business Address	City & State	Zip Code + 4	P.I. License Expiration Date
Email address		Cell phone	

Please list three business references' that we may contact:

Name & Occupation   Address   City   Phone Number

1) _____

2) _____

3) _____

I am interested in providing investigative services in the following areas:
(Please check all that apply)

- o Criminal Cases
- o Civil Cases
- o Family Law Cases

- o Juvenile Cases
- o Probate Cases
- o All the Above

I am bilingual in: _____

_____

Please list any special skills and attach Resume:

_____

_____

_____