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



CRIMINAL HISTORY CHECK \$25 County \$50.00 State \$100 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 14 days. It may, however, take up to 21 days. Rush Delivery, turn around time is 7 days. Please ✓ appropriate choice: _____ 🖵 Reg. Price: \$25.00 ☐ Rush Price:\$37.50 ☐ Reg. Price: \$50.00 ☐ State search (Insert state here) ☐ Rush Price: \$75.00 ☐ Reg. Price: \$100.00 ☐ Rush Price: \$150.00 The only information we require is the name, social security number, date of birth, and county or state you want checked. *There will be a \$50.00 sur charge if a social security number is not provided. *SOCIAL SECURITY NUMBER NAME DATE OF BIRTH STATE TO BE CHECKED SPECIAL INSTRUCTIONS OR INFORMATION INDICATE COUNTY, STATE OR FEDERAL THE REASON I AM REQUESTING THIS INFORMATION IS (Check One) I am attempting to contact an old friend or relative I am requesting information in regards to civil litigation: (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, 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 One Item Below) By mail at the above address By fax at this number _____ By E-Mail at this address SIGNATURE