



**Visions**

4813 Broadway Knoxville TN 37918  
865-382-0391

**CONTRACT AGREEMENT**

CLIENT INFORMATION		
Name:		Date:
Current Address:		Phone:
City:	State:	ZIP Code:
Lawyer:		Phone:
Work Address:		Phone:
City:	State:	ZIP Code:
Best Start Time and Why:		
Temporary Court Date:	Day of Week:	Judge
SUBJECT INFORMATION		
Name:		
Current Address:		Phone:
City:	State:	ZIP Code:
Lawyer:		Phone:
Work Address:		Phone:
City:	State:	ZIP Code:
Directions:		
Description:		

Distinguishing Marks:		
Vehicle Make	Color	License No.
1.		
2.		
Children's Name:		
Age:		
Babysitter's Name:		Address:
Known Hangouts:		
Friends:		
SIGNIFICANT OTHER		
Name:		
Current Address:		Phone:
City:	State:	ZIP Code:
Work Address:		Phone:
City:	State:	ZIP Code:
Description:		
Court Document Information		
Do you have an order of protection?		

On \_\_\_\_\_ Robert Edward McCarter, Visions Private Investigation and client \_\_\_\_\_ enter into this binding agreement as follows:

For the surveillance, locate, photography, document research, interview, basic background, other \_\_\_\_\_ of the subject, \_\_\_\_\_

I, the client, agree to pay to Robert Edward McCarter, Visions Private Investigation the following charges:

Hourly rate	\$
Additional Hourly rate (upon agreement, <b><i>additional unit</i></b> )	\$
Flat rate	\$
Set-up Fee	\$
Equipment Security Deposit	\$
Mileage rate	\$
Consultation fee	\$
Any incidentals	\$

It is agreed that a retainer of \$ \_\_\_\_\_ be paid to Robert Edward McCarter, Visions Private Investigation before any service is initiated.

It is further understood and agreed that the hourly rate is subject to change if additional surveillance units are required upon agreement between Client and Robert Edward McCarter, Visions Private Investigation.

All hourly contracted work is subject to a three hour minimum. Hours and mileage begin and end at base of operation.

I, the client \_\_\_\_\_ do further state and agree that I will not hold Robert Edward McCarter, Visions Private Investigation, or any parties professionally associated with Visions Private Investigation involved in the execution of contracted work to be held liable for any personal or civil tort before, during, and after the performance of the contracted work in the above assignment.

Robert Edward McCarter, Visions Private Investigation has the right to cease any /or all work if the surveillance/ assignment is compromised in any way by the actions of the client or actions of any person/persons associated directly or indirectly with the client. No refund applies.

A security deposit must be made on any equipment (cameras, audio equipment, other video equipment, etc.) used for surveillance or during the investigation by Visions Private Investigations or parties professionally associated with Visions Private Investigations. The deposit ensures that any equipment will be returned in the same condition as it was received. The deposit will be refunded at that time.

Name (Printed)	Date
Signature	Date

Must have reason for request

\*\*Reason For Request: