INVESTIGATOR ACCEPTANCE & AFFIRMATION (v2*)

RECEIVED from... (Name) _____

(Address) _____

_____

(Phone, E-m) _____

..."Provider", the following items of Documentation *(Identify & Describe)* :

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I, the undersigned _____, attest that I am acting in an investigative capacity in accepting the items of Documentation listed above, with the intent of providing these to parties &/or attorneys in legal defenses and claims to which they are pertinent.

I will maintain the listed items in privacy, and assure that these materials will be held confidential for legal purposes.

By approval below, the Provider hereby conveys the listed items as ___copies/ ___originals *(check one)* , with affidavit(s) to authenticate these items as appropriate, and supporting witness statements as available.

If originals are provided here, they will be copied & promptly returned. Unless it is agreed otherwise by amendment attached ☐ *(Check if applicable)* , the Provider will hold original Documentation, and be accessible to attorney requests for these materials &/or testimony, as needed in live cases.

Affirmed: _____ _____

{Investigator} Date

Approved: _____ _____

{Provider} Date