

# CHICAGOLAND DETECTIVE SERVICES

Security Consultants, Private Investigations, Executive Protection, Electronic Counter Measures

Corporate Office:  
4425 W. Irving Park Rd.  
Chicago, IL 60641  
License # 115-000829  
falconpi@aol.com

Office: 773-772-2651  
Fax: 773-283-3245  
Agency License # 117-001343

## DECLARATION OF AUTHORITY

I \_\_\_\_\_ of \_\_\_\_\_ do hereby declare that I am the parent with full legal custody of my child \_\_\_\_\_ a minor, \_\_\_\_\_ years of age, whose birthdate is \_\_\_\_\_.

I declare that I have authorized agents of Chicagoland Detective Services (CDS) to exercise all control over that I, the parent, can exercise to safely transport \_\_\_\_\_ to an adolescent program in \_\_\_\_\_ as I believe that he/she may be a danger to himself/herself or to others.

In the event medical treatment is necessary, I authorize the agents of CDS to act on my behalf.

This declaration also gives authority to locate and safely hold or restrain \_\_\_\_\_ in the event that he/she runs away and/or becomes disruptive.

This declaration is granted for a period of one month and shall become effective on \_\_\_\_\_.

I, \_\_\_\_\_ shall hold CDS and their agents harmless and shall indemnify them for any liability, loss, actions, costs, expenses or damages incurred by them in performance of their duties under the terms of this agreement and/or by virtue of the minor's actions while in their care and custody. Furthermore I agree and understand that CDS will attempt to transport my child to \_\_\_\_\_ within the guidelines of Illinois law and will do everything within their power to achieve this. I understand that CDS is instructed not to violate any laws while in the course of their duties.

In exercising my rights as a parent under the First Amendment of the Constitution and under the ruling and subsequent interpretation of the *Parham o JR (a977) 442U.S. 584 case*, I believe my actions and those I employ to achieve my goals are in the best interest of my child. The *Parham* Court held that:

"Simply because the decision of a parent is not agreeable to a child or because it involves risks does not automatically transfer the power to make that decision from the parents to some agency or officer of the state... Most children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for mental care or treatment. Parents can and must make those judgments."

I agree that a photocopy and/or facsimile of this authorization will be valid as the original.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Professional Affiliation

ASP\*CFEA\*CII\*WAD\*CALI\*NALI\*NAPPS\*NCISS\*FAPPS\*CAPPS\*INTELNET\*PICA\*NAAGA\*USCCA

Revised 3/25/2020

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## "CHILD TRANSPORT AGREEMENT/CONTRACT"

We/I, \_\_\_\_\_, have agreed to pay Chicagoland Detective Services a retainer fee in the amount of \_\_\_\_\_ for the intervention with and/or transport of our/my child, \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_.

We/I are/am aware the Chicagoland Detective Services fees are based on an hourly rate of \_\_\_\_\_ per hour for the team leader and \_\_\_\_\_ per hour for the backup agent, beginning at the time the agents depart the field office and ending upon their return. The fees will also include a charge for a rental vehicle to be used to accomplish this escort, as well as any customary business expenses. Chicagoland Detective Services fees do also include airline charges, which have already been acquired at this time. We/I are/am aware that we/I will be provided an itemized invoice upon the completion of the transport assignment.

We/I declare that we/I have given Chicagoland Detective Services a total authorization amount, not to exceed \_\_\_\_\_ for services rendered in the intervention with and/or transport of our child, \_\_\_\_\_ to \_\_\_\_\_. The authorization is for any unforeseen expenses, delays or circumstances beyond Chicagoland Detective Services, control. Chicagoland Detective Services will not exceed the authorization amount unless approved by both of us.

All reasonable fees and costs incurred by Chicagoland Detective Services shall be paid by the undersigned, and further, any and all legal matters in regards to our/my dealings with Chicagoland Detective Services, shall be handled in the jurisdiction of \_\_\_\_\_.

We/I am aware that in the event of cancellation, we/I may be charged a fee for administrative time and a rate of \_\_\_\_\_ per hour.

We/I also agree to give medical power of attorney to CDS and/or its representative.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chicagoland Detective Services Signature

\_\_\_\_\_  
Date

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## TRANSPORT SERVICE AGREEMENT

I/We have agreed to pay Chicagoland Detective Services a retainer fee in the amount of \_\_\_\_\_ for the intervention and escort of our child as determined in the Declaration of Authority.

I/We are aware that Chicagoland Detective Services fees are based on an hourly rate of \_\_\_\_\_ per agent beginning at the time the agents depart the field office and ending upon their return. The fees will also include a fee for a rental vehicle to be used to accomplish this escort as well as any customary business expenses. Should airline travel be required, Chicagoland Detective Services, will facilitate those arrangements will require payment for that expense upon request.

Any amounts of expenses incurred above the retainer fee of \_\_\_\_\_ shall be due and payable immediately upon completion of the assignment. In the event of default in payment of sums due hereafter and if the agreement is placed in the hands of an attorney at law for collection, the jurisdiction will be Cook County Illinois and no other county.

I/We are aware that in the event of cancellation, I/we may be charged an administration fee equal to the amount of time to arrange the escort. Should cancellation of the escort take place within 48 hours of departure, I/We agree to pay the sum of \$150.00 in addition to the administration fee.  
Thank you,

_____ Parent/Guardian	_____ Date	_____ Don C. Haworth President	_____ Date
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_____ Parent/Guardian	_____ Date	_____ Don C. Haworth President	_____ Date
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I agree that a photocopy and/or facsimile of this authorization will be valid as original.

\_\_\_\_\_  
Parent/Guardian                      Date

Thank You,

\_\_\_\_\_  
Parent/Guardian                      Date

\_\_\_\_\_  
Don C. Haworth, L.P.D., C.F.E., C.I.I.                      Date  
President

\_\_\_\_\_  
Parent/Guardian                      Date

\_\_\_\_\_  
Don C. Haworth, L.P.D., C.F.E., C.I.I.                      Date  
President

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## "MEDICAL PROFILE AND EMERGENCY AUTHORIZATION"

Please print when completing this Medical Profile and Emergency Authorization form. This form is designed to aid our agents in providing us with the medical information and necessary precautions in taking the best possible care of your child.

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

### Medical Profile – Please Print

Name, address, telephone numbers, and/or pager numbers of your child's physician:

\_\_\_\_\_  
\_\_\_\_\_

The name(s) and phone number(s) of a reliable person/relative to call in the event you are unavailable in an emergency:

\_\_\_\_\_

Does your child have any serious allergies? Please list all (For example – insect stings, foods, peanuts, etc.)

\_\_\_\_\_

Is your child susceptible to motion sickness? \_\_\_\_\_

Please list your child's dietary needs/restrictions: \_\_\_\_\_

Are there any medical conditions that our agent(s) must be aware of? (For example – Seizures, blood disorders, heart problems, asthma, etc?) \_\_\_\_\_

Please list all medications your child is currently taking – include all information as it is written on the prescription as well as any reactions that may result from taking the medication.

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date

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## **Adolescent Transport Services Presentation**

Adolescent Transport Service is becoming a viable tool to aid at-risk youth in the therapeutic process by safely and compassionately transporting them to pre-arranged treatment programs. We believe at Chicagoland Detective Services that all individuals should be transported with dignity and understanding. We use a team approach; we engage in supportive conversation in-route, as well as encouraging a positive attitude towards life.

Typically, Chicagoland Detective Services is hired by the parents, who give us signed legal authority, to safely transport their children. Our team members will then transport at-risk youth (usually from their homes) to a treatment facility. We use two agents at all times, at least one of which is a registered emergency medical technician (EMT)

Chicagoland Detective Services provides 24 hour, 7 days a week services – using only reliable and experienced staff who truly believe every minor has the right to be escorted in a safe and secure, reliable environment.

Don C. Haworth, L.P.D., C.F.E., C.I.I., President of Chicagoland Detective Services believes every parent should demand the following documents and ask the following important questions:

Does your agency have a business license?

Does your agency have an endorsed liability insurance policy?

Does the individual/company possess a Federal tax number, especially for tax purposes?

What are your references?

Don C. Haworth is available to speak to groups, associations, and other organization meetings. He is also available for television and radio appearances, as well as interviews with print media, to discuss this ever-growing need.

If you would like to arrange for Don to appear at your meeting, please contact us at 773-772-2651. You may also reach us by email at [falconpi@aol.com](mailto:falconpi@aol.com). Or view our website at [chicagolanddetectives.com](http://chicagolanddetectives.com). On behalf of Chicagoland Detective Services, we look forward to hearing from you.

Sincerely,

Don C. Haworth  
President  
Chicagoland Detective Services  
1-773-772-2651

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