

Your Team Name Here
Paranormal Initial Contact Interview

By filling out the form below you will help us create a pre-evaluation of the location in question. All data is completely confidential and will never meet the public eye without your written consent.

Date of Interview: / / **Name of Investigator:** _____
Contact Phone: () _____ **Name of Contact:** _____

Physical Address:

Street Address	Apt./Unit #
City	State
	Postal Code

e-Mail Address: _____

1. **Date built?**

2. **Current occupants and ages?**

3. **Previous occupants and ages?**

4. **Any known historical battles or confrontations near this location?**

5. **Describe the paranormal phenomena you are reporting?**

6. **How long has it been occurring?**

7. **Do you know if the previous occupants experiencing, or having experienced, this phenomenon?**

8. **Other paranormal phenomena? Please describe:**

9. **Do you know of any previously documented paranormal accounts at this location? (Newspaper, testimony, church, etc.)**

10. **Describe the property?**



Number of occupants at this location:	How long have residents lived at this location?
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Names and gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Names and gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Names and gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Names and gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Names and gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Names and gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female

Has anyone heard voices? Yes No **If Yes, explain:**

Any smells or odors? Yes No **If Yes, explain:**

Any shadows seen? Yes No **If Yes, explain:**

Seen or recorded any orbs? Yes No **If Yes, explain:**

Seen any smoky forms? Yes No **If Yes, explain:**

Seen any apparitions? Yes No **If Yes, explain:**

Strong emotion in certain areas of the property? Yes No **If Yes, explain:**

Felt any cold or hot spots? Yes No **If Yes, explain:**

Recent death of a loved one? Yes No **If Yes, explain:**

Recent anniversary of a death, birthday, anniversary, etc? Yes No **If Yes, explain:**

Heard any rapping, walking, or knocking? Yes No **If Yes, explain:**

Mood changes in specific rooms or areas? Yes No **If Yes, explain:**

Has anyone had conversations with spirits or entities? Yes No **If Yes, explain:**

Seen or heard doors opening or closing? Yes No **If Yes, explain:**

Seen any objects moving or had items disappear? Yes No **If Yes, explain:**

Any electrical disturbances? Yes No **If Yes, explain:**

Any resident going through puberty? Yes No **If Yes, explain:**

Any renovations recently at the location? Yes No **If Yes, explain:**

Had any problems with appliances? Yes No

Televisions Yes No **Computers** Yes No

Radio or Stereos Yes No **Clock/Clock Radio** Yes No

Microwave Yes No **Telephones** Yes No

Lighting Yes No **Other** Yes No

1. **On a timeline, what is the general history of the property?**

2. **Have any noteworthy or intense events happened here?**

3. **Have there been any noticeable patterns to any activity?**

4. **What could be some of the possible conventional causes in your opinion?**

5. **Do any of the residents at this location experience unusual mood swings or strange vivid dreams?**

6. **Do residents become tired, sick, or agitated to an extraordinary extent?**

7. **What could be some of the possible conventional causes in your opinion?**

8. **Are there any accounts of paranormal phenomena occurring at occupants' previous residence? If so, please explain.**

9. **Any history of hoax or practical jokes involved with occupant or any family members?**

(Note; Do not show to occupants. If they request a copy of the interview, omit this part.)

1. Overall integrity of the occupants. Do the occupants appear sincere in telling their accounts? If not, explain.

2. Does each recounting of the paranormal event remain consistent? If not, explain.

3. Do the occupants agree on the events related to the accounts? If not, explain.

4. Do you believe that any of the occupants would want to perpetuate a hoax for any type of attention? If not, explain.

5. Do you believe the person(s) being interviewed to be of sound mind (normal rational people)? If not, explain.

6. Do you believe that there may be any reason to believe that paranormal accounts may be the result of drug use, psychological conditions, overactive imagination, or dishonesty? If not, explain.

7. Do you believe that further investigation is necessary? If not, explain.

[Place your LOGO here]

Name – Director, [name@email](#) address, contact phone number.

Name – Assistant Director, [name@email](#) address, contact phone number.

Name – Case Manager, [name@email](#) address, contact phone number.