

In the Shadows PARANORMAL PROJECT

Paranormal Initial Phone 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.

I – Initial Contacts

Date of Interview: ____ / ____ / ____ Name of Investigator: _____

Contact Phone: () _____ Name of Contact: _____

II – Location Information

Physical
Address:

Street Address _____ Apt./Unit # _____

City _____ State _____ Postal Code _____

e-Mail Address: _____

III – History of Location

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?

IV – Occupant Information

Number of occupants at this location:	How long have residents lived at this location?
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Computers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radio or Stereos	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clock/Clock Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microwave	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephones	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> 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?

V – Investigator Impressions of Occupants

(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.



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