

### Paranormal Case: General Client Intake Form

Please complete the following form to the best of your ability. After we review the completed document, we will have more specific questions regarding your case.

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#### General Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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#### Mailing Address (if different from above)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Alt Email \_\_\_\_\_

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#### Methods of Contact

Best Time to Contact You

Weekdays

Weekends

Morning

Afternoon

Evening

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

Best Way to Contact You:

Phone

Text

Email

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

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#### Property Information

Description of Property to Be Investigated:

Home \_\_\_\_\_ Owned \_\_\_\_\_

Business \_\_\_\_\_ Rented \_\_\_\_\_

Apartment \_\_\_\_\_ Currently occupy location \_\_\_\_\_

Outdoor Area \_\_\_\_\_

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

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**Occupants and Witnesses**

Please list any witnesses to the activity and anyone who regularly occupies the home.

Name	Relationship	Age	Occupant	Witness
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Do any of the occupants or witnesses have psychic abilities?

Yes                      Unsure

No

Do any of the occupants suffer from mental health issues or have drug or alcohol struggles?

Yes                      Unsure

No

Is there a primary religion in the household that is currently being observed?

Yes                      Unsure

No            If so, please specify \_\_\_\_\_

**Pets**

Please list any pets in your household.

Name	Cat/Dog/Other	Age	Strange Behaviors?	
			Yes	No

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### Property History

Date Built: \_\_\_\_\_

Time Occupied \_\_\_\_\_

How long has the activity been occurring? \_\_\_\_\_

Yes      No      Unsure

Did you have previous activity in your last residency or business?

Do you know if other occupants have had experiences at the location?

Any recent renovations, painting, flooring, moving furniture, etc.

Any plumbing, electrical, or pest control issues?

Any antique or secondhand items at the location?

Any military items, medals, awards, etc. at the location?

Any cremains or items made from cremains on or at the location?

Any animal or human remains at or on the property?

Do you possess momentos from loved ones that have passed at the location?

Are you aware of any significant events that have happened on or near the property in the past?

Did you have previous activity in your last residency or business?

Do you know if other occupants have had experiences at the location?

Any recent renovations, painting, flooring, moving furniture, etc.

Any plumbing, electrical, or pest control issues?

Any antique or secondhand items at the location?

Have any neighbors reported paranormal activity in their homes or businesses?

**General Activity**

Briefly describe the unexplained activity you have experienced at this location. Just a summary, please.

**Yes      No      Unsure**

**Any orbs seen with the eye?**

**Any unusual smells or odors?**

**Any knocking, rapping, crashing, footsteps, or similar noises with no cause?**

**Has anyone reported seeing shadows of people or animals?**

**Reports of smokey forms, mists, or possible apparitions?**

**Cold or hot spots with no explanation?**

**Recent death of a loved one?**

**Strong emotions or mood swings, especially in certain areas of the location?**

**Seen or heard moving objects such as doors or cabinets opening and closing?**

**Electrical disturbances with lights/appliances?**

**Have you noticed any patterns to the activity?**

**Do occupants have vivid dreams or appear to be affected by the location or certain areas at the location?**

**Have other paranormal investigators ever visited or researched the property?**

**Have you or a member of clergy blessed or prayed over the home?**

**Are you a fan of the paranormal television shows or other types of paranormal entertainment such as books and movies?**

**Any recent changes in health since you've started experiencing the unexplained activity?**

**Yes      No      Unsure**

**Any issues, in the household, with vision, hearing, or cognitive abilities?**

**Do members of the household have issues with falling asleep or staying asleep throughout the night?**

**Are you a fan of the paranormal television shows or other types of paranormal entertainment?**

**Is there an usual amount of stress, fighting, or general disharmony in the household?**

**Anyone in the house had a recent near-death experience?**

**Anyone in the house participate in occult practices?**

**When the activity occurs, does it cause anxiety and fear?**

**What is your biggest concern with the activity happening at the location? What causes you the most worry?**

**If an investigation is completed, what would you like the end result to be? How can our investigators best help you?**

**Do you have any potential evidence such as audio, photo, or video?**

**Yes**

**No**

**Please bring any photo/video/audio evidence you have to your meeting with us. We will need the unedited, original evidence, if possible.**

**If you or other witnesses have seen apparitions at this location, please be sure to complete the additional "Apparition Form" found on our website.**