

Specific Activity

Auditory Events (Explain in details)		Details
	Voices	
	Calling of a name(s)	
	Footsteps	
	Strange sounds or growling	
	Tapping or knocking	
	Conversations with spirit(s)	
	Other	
Physical Events (Explain in details)		Details
	Being touched, shoved, or grabbed	
	Tugging on clothing	
	Hair on arms or neck standing on end	
	Hot or cold spots	
	Objects moving without apparent cause	
	Unexplained odors	
	Appliances turning on or off	
	Doors or windows opening/closing	
	Other	

Visual Events (Explain in details)		Details
	Apparitions	
	Smoky or misty forms	
	Shadow figures	
	Unexplained lights	
	Orbs	
	Corner of the eye glimpses	
	Other	
Emotional Events (Explain in details)		Details
	Intense random thoughts	
	Feeling of being watched or followed	
	Mood changes (especially in one room)	
	Unexplained stress or anxiety	
	Unexplained feelings of joy or anger	
	Recent anniversary of a significant event	
	Other	

Resident Information (List all occupants residing at the residence)

Name	Age	Male	Religion	Yrs lived at address
		Female		
Name	Age	Male	Religion	Yrs lived at address
		Female		
Name	Age	Male	Religion	Yrs lived at address
		Female		
Name	Age	Male	Religion	Yrs lived at address
		Female		
Name	Age	Male	Religion	Yrs lived at address
		Female		

If more entries are needed, use reverse.

Pet Information (List all pets residing at the residence)

Name	Age	Male	Animal Type	Yrs lived at address
		Female		
Name	Age	Male	Animal Type	Yrs lived at address
		Female		
Name	Age	Male	Animal Type	Yrs lived at address
		Female		
Name	Age	Male	Animal Type	Yrs lived at address
		Female		

If more entries are needed, use reverse.

Historical Data

Residence and Occupant Background

Date Built (If known)		Previous occupants (If known)	Name(s), contact info, etc.
Is there a history of paranormal activity at the residence?	Yes		If Yes, explain:
	No		
Is there documentation of previous paranormal accounts (newspaper clippings, occupant testimony, etc.)?	Yes		If Yes, explain (attach a copy if possible):
	No		
Any accounts of paranormal activity in the current occupant's previous address?	Yes		If Yes, explain:
	No		
Any known issues with electrical power, heating or cooling systems, or plumbing at the residence?	Yes		If Yes, explain:
	No		
Any known problems with any appliances or electronic equipment at the residence (refrigerator, TV, etc.)?	Yes		If Yes, explain:
	No		
Any history of hoaxing by an occupant or person known to the occupants?	Yes		If Yes, explain:
	No		

Property Background

Did any significant historic event take place on or near the property?	Yes		If Yes, explain:
	No		
Is there a history of paranormal activity in the vicinity?	Yes		If Yes, explain:
	No		
Is there documentation of previous paranormal accounts (newspaper clippings, etc.)?	Yes		If Yes, explain (attach a copy if possible):
	No		
Does the property reside near a significant man-made structure (high voltage power lines, electrical substation, water pumping station, microwave tower, etc.)?	Yes		If Yes, explain:
	No		
Does the property reside near a major natural feature (creek, river, lake, rock formation, forest, etc.)?	Yes		If Yes, explain:
	No		

Investigation Planning Data

1. Attach a drawing or map of the residence to the back of this form. Mark areas to show known paranormal activity.		
2. If an investigation is conducted and the results conclude there is paranormal activity at the residence, what do you think you would want to do next?		
3. Are there any off-limits areas in the residence or on the property that you do not want an investigative team to enter?	Yes	If Yes, what area(s):
	No	
4. Do you know of any health or safety issues that might present a danger to an investigative team?	Yes	If Yes, explain:
	No	
5. Are there any special concerns that you have regarding a possible investigation of the residence?	Yes	If Yes, explain:
	No	

PRI does not charge for any of their investigations.

FOR WISPR OFFICE USE ONLY			
Interview			
Case Number:		Date of contact:	
Case Interviewer:		Date of Interview:	
Interview Location:		Time of Interview:	

Investigation			
Date of Investigation:		Time of Investigation:	
Assigned Investigators:			

Equipment to Accomplish Goal:

Overall Plan: