

Client Witness Statement

Initial Call Date _____ Case Number _____
 Interview date _____ Investigation Date _____
 Client Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Alt Phone _____

Occupants

Name	Age	Phenomena Witness?	
		Yes	No

Witnesses who do not reside at this location.

Name / Relationship	Age	Type of Phenomena Witnessed?

Type of phenomena occurring

Type	How Often?	Date / Time	Witnesses
Sounds			
Smells			
Moving Objects			
Apparitions			
Orbs			
Light Anomalies			
Shadows			
Feeling of being watched			
Physical Contact			
Strange Animal Behavior			
Other (list)			

Client Witness Statement

Site Information

History of Location: Age _____ General Repair _____
 Recent Remodeling? _____ Date started _____ Date Completed _____
 Condition of electrical & plumbing systems _____ Any recent upgrades? _____
 Type of piping material inside building? _____

Have any of the following traumatic events occurred at this location? If yes, when and do you feel it has effected phenomena?

Yes ___ No ___ Murder _____
 Yes ___ No ___ Death _____
 Yes ___ No ___ Rape _____
 Yes ___ No ___ Alcoholism _____
 Yes ___ No ___ Drugs _____
 Yes ___ No ___ Mental Illness _____
 Yes ___ No ___ Miscarriage _____
 Yes ___ No ___ Divorce _____
 Yes ___ No ___ Assault _____

Are there any antiques in the house? If so, what & how long have they been in the house

Item	Source	How Long?

Do you believe paranormal phenomena may be associated with any of these antiques?

Item	Phenomena

Did any phenomena occurred in the house with previous residents? _____ If yes, Describe

Phenomena	How did you hear about this?

