Client Witness Statement

Initial Call Date _____ Case No _____

Interview Date _____ Investigation Date _____

Client Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt Phone _____

Site information

Home ☐ Business ☐ Other ☐ _____ Age/Date Built _____

Do clients rent ☐ or own ☐ subject location?

General Repair _____ Recent upgrades to heating/plumbing system _____

Recent remodeling? Yes ☐ No ☐ Date Started _____ Date Done _____

Client information

Do you belong to an organized religious group or church? If yes which? _____

Do you believe in life after death? _____

Do you believe the human spirit continues to exist after the body dies? _____

Do any of the occupants consider themselves psychic or sensitive? _____

Do any of the witnesses wear glasses? _____

Do any of the witnesses wear hearing Aids? _____

Have any of the witnesses ever experienced balance problems, vertigo and or migraine headaches? ____

Which & how often? _____

Occupants

Name	Gender	Age	Witnessed Phenomena?	
			Yes	No
_____	Male ☐ Female ☐	_____	☐	☐
_____	Male ☐ Female ☐	_____	☐	☐
_____	Male ☐ Female ☐	_____	☐	☐
_____	Male ☐ Female ☐	_____	☐	☐
_____	Male ☐ Female ☐	_____	☐	☐
_____	Male ☐ Female ☐	_____	☐	☐

Non-Occupant Witnesses

Name / Relationship	Age	Type of Activity

Paranormal Activity Timeline

When did you move into location? _____

When did you first notice paranormal activity? _____

When was the most recent paranormal event? _____

List below all paranormal events.

Date	Activity (include what happened, who witnessed the event and what may have triggered it such as a traumatic event)

Traumatic Events at the Location

Yes	No	Type of Trauma	Date	Relationship of victim to occupants
☐	☐	Murder		
☐	☐	Death by illness or accident		
☐	☐	Rape or violent assault		
☐	☐	Alcoholism or drug abuse		
☐	☐	Mental illness or depression		
☐	☐	Miscarriage		
☐	☐	Divorce		

Activity Experienced

Activity or Phenomena? Yes	No		Date last experienced
☐	☐	Voices	
		☐ Adult ☐ Child	
		☐ Angry / shouting ☐ Soft / Conversational	
☐	☐	Hearing your name called or whispered	
		☐ Were you awake? ☐ Were you asleep?	
☐	☐	Sounds (describe)	
		☐ Human / Animal	
		☐ Mechanical	
		☐ Music	
		☐ taps or knocking	
☐	☐	Smells/odors	
		☐ Sweet ☐ Bad	
☐	☐	Feeling of being touched	
		☐ Soft / spider web quality	
		☐ Uncomfortable	
☐	☐	Tugging on clothing	
☐	☐	See Shadows	
☐	☐	See Apparitions	
☐	☐	See Unexplained lights	
☐	☐	Sudden unexplained breezes	

Activity or Phenomena? Yes	No		Date last experienced
☐	☐	See Orbs (with the naked eye)	
		☐ White	
		☐ Colored _____	
☐	☐	Cold / Hot spots	
☐	☐	Hair on arms standing up	
☐	☐	Random thoughts that don't seem to be your own	
☐	☐	Sleep problems	
		☐ Sudden inability to fall asleep	
		☐ Sudden inability to stay asleep	
☐	☐	Unusual violent dreams or thoughts	
☐	☐	Feeling of being watched or followed	
☐	☐	Tapping / knocking	
☐	☐	Unexplained or unexpected mood changes	
☐	☐	Doors opening / closing by themselves	
☐	☐	Objects moving or disappearing / re-appearing	
☐	☐	Movement out of the corner of the eye	
☐	☐	Physical contact	
		☐ Scratches ☐ Bites	
		☐ Sexual Assault ☐ Pushing	
		☐ Other _____	
☐	☐	Unexplained ailments or feeling chronically tired	
☐	☐	Light bulbs burning out or breaking in the lamps	
☐	☐	Appliances turning on / off by themselves	
		☐ TV ☐ Radio / Stereo	
		☐ Computer / Printer ☐ Clock / Clock Radio	
		☐ Microwave	
		☐ Other _____	
☐	☐	Plumbing operating on its own	
		☐ faucets turning on/off by them selves	
		☐ toilets flushing by themselves	
☐	☐	Have your pets been affected?	

How?_____

Are there any antiques in the home? Yes ☐ No ☐

Item	Source	Date brought into location

Do you believe the paranormal activity is associated with an object? Yes ☐ No ☐

Item	Phenomena	Date last experienced

Have you or any other occupant experienced paranormal events at another location? Yes ☐ No ☐

Phenomena	Date & Location

Did any paranormal activity occur with previous residents? Yes ☐ No ☐

Phenomena	How did you learn of this?

Have previous paranormal investigations been done here? Yes ☐ No ☐

Group performing investigation	Date / Results

Have you done any investigating here? Yes ☐ No ☐

Method Used	Date / Results

Have you attempted to communicate or remove the spirits? Yes ☐ No ☐

Method Used	Date / Results

Miscellaneous Case Notes

Interviewer Impressions

Investigation Recommendations