

# Paranormal Investigations of Rockland County (PIRC)

Case Number: \_\_\_\_\_

Status: \_\_\_\_\_

Client's Name: (Contact Person)

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Address of site: (Provide mailing address if different)

\_\_\_\_\_

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**Brief Description of Problem** (initial contact info)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Interview Questions

### Primary Questions

- ♣ Number of occupants at the location?

\_\_\_\_\_

- ♣ Names and ages: (include pets)

Adults: \_\_\_\_\_

Children: \_\_\_\_\_

Pets: \_\_\_\_\_

- ♣ Heart condition  yes  no

- ♣ Do you own or rent? \_\_\_\_\_

- ♣ How long have you lived at the location? (# of years)

\_\_\_\_\_

- ♣ Who did you purchase from and when?

\_\_\_\_\_

- ♣ Religious:  yes  no

What Faith: \_\_\_\_\_

- ♣ Clergy been consulted:  yes  no

- ♣ Has the house been blessed:  yes  no

### Location History

- ♣ When was house built?

\_\_\_\_\_

- ♣ Do you know anything about previous owners? (Names?)

\_\_\_\_\_

\_\_\_\_\_

▲ How many floors/rooms on site? (include attic, basement, bathrooms, crawl spaces)

# of Floors: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

# Of Bathrooms: \_\_\_\_\_

Kitchen  Attic  Basement  Living Room  Dining Room

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

▲ Has there been any recent remodeling?  yes  no

Where and what was done: \_\_\_\_\_

▲ Know any history of the site?(Tragedies, deaths, complaints)  yes  no

\_\_\_\_\_

▲ Any phenomenon documented(historical/newspaper etc)  yes  no

Explain \_\_\_\_\_

▲ Any cemeteries close by  yes  no \_\_\_\_\_

### **Phenomena Questions**

▲ First occurrence of the phenomena: \_\_\_\_\_

▲ Who witnessed it: \_\_\_\_\_

▲ Any occupants skeptical:  yes  no \_\_\_\_\_

▲ How long did it last: \_\_\_\_\_

▲ Reaction:

• Afraid  yes  no

• Curious  yes  no

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

▲ Frequency of phenomenon: daily  weekly  monthly  seasonal  \_\_\_\_\_

⤴ Correlation between the phenomena and personal events:  yes  no

Explain: \_\_\_\_\_

⤴ Is the phenomenon threatening:  yes  no

• Are they afraid:  yes  no Why: \_\_\_\_\_

⤴ Headaches  yes  no

⤴ Paranoia  yes  no

⤴ Any nightmares or trouble sleeping:  yes  no

⤴ Any physical contact:  yes  no

• Scratched:  yes  no

• Touched  yes  no

• Pushed  yes  no

• Cob web feelings  yes  no

• Hair rising/goose bumps  yes  no

• Other: \_\_\_\_\_

⤴ Sounds:  yes  no

• Whispering  yes  no

• Shouts/yelling  yes  no

• Crying  yes  no

• Music  yes  no

• Banging  yes  no

• Other \_\_\_\_\_

⤴ Sights:  yes  no

• Apparitions  yes  no

• Shadows  yes  no

- Shadow people  yes  no
- Lights  yes  no
- Other: \_\_\_\_\_

▲ Odors (perfume, sulfur, flowers) :  yes  no

Explain: \_\_\_\_\_

▲ Cold spots  yes  no \_\_\_\_\_

▲ Object movement  yes  no \_\_\_\_\_

▲ Any electrical/appliance problems  yes  no

Explain: \_\_\_\_\_

▲ Pets affected:  yes  no

Explain: \_\_\_\_\_

▲ Any other witnesses  yes  no who \_\_\_\_\_

▲ Any experience with the paranormal:  yes  no

- Investigations elsewhere  yes  no
- Performed own investigation  yes  no
- Has house been saged:  yes  no
- Any one already tried to make contact or investigate  yes  no

Explain techniques used: \_\_\_\_\_

Results: \_\_\_\_\_

▲ Interest in the occult  yes  no

- Used Ouija board  yes  no
- Séance  yes  no
- Visited Psychic(s)  yes  no
- Visited Medium  yes  no

- Witchcraft  yes  no

Last time: \_\_\_\_\_

▲ What do they want?

- Just understand  yes  no
- Get activity to stop  yes  no
- Investigate and make decision later  yes  no

▲ Scheduled Preliminary  yes  no

Date:

▲ Need follow up to schedule  yes  no

**Notes:**