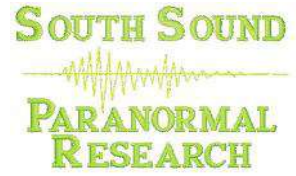


Client Interview/Permission to Investigate



South Sound Paranormal Research
(253) 678-4285
www.sspri.org

Date: _____ Contact Phone #: _____

Name: _____

Street, City, State: _____

This form is used to help us understand your experiences and perceptions.
All information provided is strictly confidential and will not be used by SSPR or it's members for any unlawful means.

Please circle one: Residence owner Residence renter Business

Is the age of the structure known? Y / N _____

How long have you been at this location? _____

Is the history of the location known? Y / N _____

How many rooms on property? (List rooms & weather active is present.)

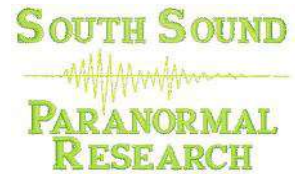
Room	Activity (Y / N)	Describe activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many residents in the home? (Age, name and relationship)

Age	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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What kind of phenomena have you currently been experiencing? (Circle all that apply)

(apparitions, being touched, dizziness, feelings of fear, feelings of dread, feeling of pressure, footsteps (running footsteps), headaches, hot or cold spots (temperature changes), light anomalies, missing and returned objects, objects moving or levitating, noises (banging, knocking, tapping), smells/odors, shadows, voices), electronic issues, plumbing issues

List others below:

When did you first notice activity? (Who was the first to notice activity?)

Does the activity happen frequently/deration? (During the day, or night, at specific times, or around specific people or pets?)

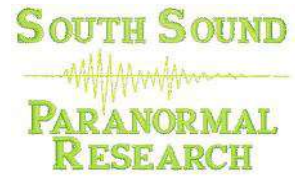
Do children report seeing people who are not there? Do animals seem to track people who are not there? Y / N (if yes please explain below)

Have non residences had experiences on the property? Are they willing to talk with members of SSPR about their experiences? Y / N
(if Yes please explain below)

Does anyone in residence experience trouble sleeping, or nightmares?
Y / N (if yes please explain)

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Do you feel like you are trying to be communicated with? Y / N
Voices/noises heard? (child, female, male) (where/when) (decipherable?)

Is the history of the property known? Y / N (if Yes please explain below)

On a scale of 1 to 10, 1 being moderate and 10 extreme, what would you rate the level of activity?

1 2 3 4 5 6 7 8 9 10

Do you feel threatened? Y / N

Are you considering moving? Y / N

Have you or had your home cleansed previously? Y / N (if Yes did this help)

Would you be open to a blessing of your home? Y / N

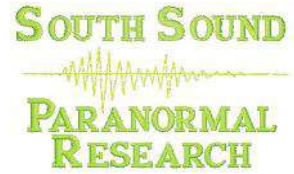
Has there been media involvement? Y / N (if Yes please explain below)

How did you hear about SSPR?

What are your expectations from having SSPR investigate?

Additional notes: Please use the back of this page.

Client Interview/Permission to Investigate



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I, [print name] _____ have the authority to allow access to investigators from South Sound Paranormal Research to conduct research at this location _____, in the city of _____ in the state of _____.

Permission is being granted to South Sound Paranormal Research to conduct research into the history of the location and into possible occurrences and sightings related to ghosts and the paranormal.

All parts of the investigation have been explained to the owners/trustees of the location and we have given permission for research to be conducted.

South Sound Paranormal Research team releases the owner of the location from any liability for injuries that may occur during the investigation. In addition, the investigators present assume responsibility for any damage to the property that takes place due to the investigation.

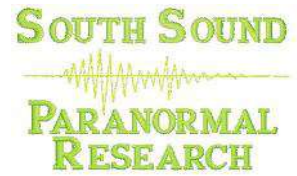
The investigating team also assumes responsibility for proper release of information from the property owners. No information about the investigation will be released without signed copies of the current release forms.

Signed: _____ Date: _____
(Property owner/Trustee/Responsible party)

Signed: _____ Date: _____
(Case manager/Director)

Client Interview/Permission to Investigate

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Case # _____

Assessor/s: _____

Recorded? Y / N

Site of investigation: _____

Residence? Y / N

(Assessor notes about investigation site, i.e., safety concerns, mold, structure, residences, impressions, observations, basic map.)