

SHOW ME PARANORMAL
St. Robert, Mo
573-873-4074

Client Questionnaire for Investigation

Case # _____

CLIENT INFORMATION (Note this information remains confidential):

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

What is the best way to contact you? Phone/email/or other: _____

What is the best day to contact you? Weekdays/weekends/no preference: _____

What is the best time to contact you? Morning/afternoon/evening/best time: _____

How did you hear about Show Me Paranormal? _____

LOCATION OF INVESTIGATION:

Same address as listed above? Yes / No

Other location information if different from above:

Address: _____

City: _____ State: _____ Zip: _____

Does the location have electricity? Yes / No

Square footage or number of bedrooms & bathrooms? Sq. ft _____ Bedrooms _____ Baths _____

Location History:

Do you own the structure or rent? Own / Rent

If renting what is the owners name? _____

If own, do you know the previous owners name? Yes / No Name if known: _____

Date the structure was built? ____/____/_____

Have there been any recent renovations? Yes / No

How long ago was any last known renovations? _____

Has there been any nearby renovations or construction? Yes / No

Has there been any changes made to grounds of location (plantings, diggings, removals, etc.)? Yes / No

If so, please describe: _____

Has there been any unusual findings on the grounds done or left by others, known or unknown?
Yes / No Describe: _____

Has there been any known deaths at/in the location? Yes / No / Unknown

Were the deaths tragic, violent or natural(note number of each)? Tragic____Violent____Natural____

Any natural bodies of water or cemeteries in close proximity? Yes / No

If so, which is nearby? Water____Cemetery____Both_____

Is there any other historical information that you can provide about the location or nearby surrounding areas that may assist us in an investigation? _____

OCCUPANT HISTORY:

Number of Occupants? _____ Adults? _____ Children? _____

How long have occupants lived at the location? Months _____ Years _____

Occupants:

1. _____ Male / Female Age: _____

2. _____ Male / Female Age: _____

3. _____ Male / Female Age: _____

4. _____ Male / Female Age: _____

5. _____ Male / Female Age: _____

6. _____ Male / Female Age: _____

The primary religion of the occupants? List or note none: _____

Are there any occupants active in the occult or black arts? Yes / No

If so, describe: _____

Are there any pets in the home? Yes / No Cats? _____ Dogs? _____ Other? _____

Are any of the affected occupants under medical care and prescribed any medications? Yes / No

If so, please list the medications: _____

Are any of the affected occupants attending a mental health care facility? Yes / No

If so, describe their condition diagnosis _____

Do any of the affected occupants suffer from migraines, epilepsy or other neurological disorder?
Yes / No Describe disorder if so: _____

Do any of the affected occupants use recreational hallucinatory drugs? Yes / No

Do any of the affected occupants consume large amounts of alcohol? Yes / No

Do any of the occupants participant in negative behaviors (Pornography, etc.)? Yes / No

Do all occupants agree with what is happening? Yes / No

Do all occupants believe in the existence of ghosts or spirits? Yes / No

If not, do all occupants agree that resolution for happenings is needed? Yes / No

Does any occupant have paranormal knowledge? Yes / No

Have there been any other witnesses to the activity besides the occupants? Yes / No

Has any other paranormal group or clergy been notified or called in? Yes / No

Have any of the occupants, guests of occupants or prior occupants used any of the following at the location?

Ouija Board? Yes / No

Seances? Yes / No

Mediums? Yes / No

Dowsing Rods? Yes / No

Black Magic? Yes / No
Spiritual Tokens or Talons? Yes / No

Have any of the occupants, prior to onset of activity, received any unusual objects or gifts that stem from another country or religion? Yes / No Describe: _____

Do any of the occupants have an enemy that may be active in the occult? Yes / No

Note anything else you can tell us about the occupants that would assist in an investigation: _____

ALLEGED PARANORMAL EXPERIENCES:

Have any of the occupants experienced any of the following (please circle and list occupant name):

- Strange feelings or attacks? Yes / No _____
- Unusual sounds? Yes / No _____
- Banging, tapping, knocking or other similar type noises? Yes / No _____
- Unexplained Footsteps Heard? Yes / No _____
- Voices Audibly Heard? Yes / No _____
- Unusual Audio Occurances? Yes / No _____
- Unusual Video or Photo Occurances? Yes / No _____
- Odd Smells? Yes / No _____
- Dark or Light Shadows? Yes / No _____
- Nightmares, Insomnia, Periodic Wakening, Other? Yes / No _____
- Hot or Cold Spots? Yes / No _____
- Electrical Disturbances or Electrical Malfunctions? Yes / No _____
- Appliances gone on or off on their own? Yes / No _____
- Movement of Objects? Yes / No _____
- Destruction of Objects? Yes / No _____
- Visual Apparitions? Yes / No _____
- Movement from corner of eye? Yes / No _____
- Visual smoky forms, mists or orbs? Yes / No _____
- Being touched when no one is there? Yes / No _____
- Feelings of Being Watched? Yes / No _____
- Feelings of tugging at your clothing and no one there? Yes / No _____
- Strong Impressions to Leave? Yes / No _____
- Doors opening and closing, or sound of such? Yes / No _____
- Alarms going off on their own? Yes / No _____
- Sounds of mechanical activity? Yes / No _____
- Unexplained appearances of water or other liquid? Yes / No _____
- Unexplained rearranging of furniture? Yes / No _____
- Unexplained Physical Injury? Yes / No _____
- Unexplained Illnesses? Yes / No _____
- Unusual or Negative behavior in occupants? Yes / No _____
- Unusual or Negative behavior in self? Yes / No _____

Pets behaving strangely? Yes / No _____
Children being frightened or making any complaints? Yes / No _____
Does anyone feel threatened? Yes / No _____

Describe any other activity experienced: _____

Is there an increase in activity when one of the occupants is present in the location? Yes / No

If so, what occupant? _____

Are any of the occupants known for pranking or joking, playing tricks, etc.? Yes / No

INVESTIGATION:

Do you wish for us to investigate? Yes / No Please indicate urgency level: High___ Low___

What is the desired result of the investigation? _____

Do you wish your identity, location or experiences be kept confidential, or do you approve of a report being displayed on Show Me Paranormal's website?

_____ Completely Confidential

_____ Can disclose following information only (circle): Name/Location/Township Only/Experiences

_____ Anonymous Report can be listed

Do you wish for our group to do a cleansing of the activity if validated? Yes / No

By signing you agree to be legally bound to our Terms & Conditions outlined below.

1. Should an investigation be warranted, occupants agree that only persons living/working at the location will be present during investigations. No additional guests, family or friends. Do you agree to this requirement? Yes / No If not agreeable please explain as we accommodate under some conditions:

Your initials: _____

2. Applicant for services agrees to sign Show Me Paranormal 'Permission Form' to enter into and upon location, and to secure permission from any and all persons with invested interest in the location, and accepts any liability for any undisclosed non permissions by any and all persons with invested interest in the event of trespassing violations.

Your initials: _____

3. Should an investigation be warranted, occupant agrees that there will be no smoking inside the location structures to be investigated at least 4 hours prior to the investigation.

Your initials: _____

4. Occupant agrees that any young children that may be adversely affected by an investigation will be placed with a care provider and not be present at the investigation?

Your initials:_____

5. Occupants agree to contain all pets and animals during the investigation. Your initials:_____

6. Occupant agrees to notify us of any and all religious, paranormal, research / educational, law enforcement or other investigating organization or individual that has been on or is currently on the case. If a paranormal or ghost hunter organization is currently on the case, occupant agrees to notify such entities that we have been consulted or called in as well and request full cooperation and assistance from them in this matter.

Your initials:_____

7. Show Me Paranormal members and trusted colleagues are authorized to view and follow up on any evidence gathered, request interviews with the parties involved and be included on any information gathered or procedures performed in order to resolve the case by 3rd parties or the client after we have been called in. This supersedes any and all other agreements with any other organization in this particular matter.

Your initials:_____

8. You understand and agree that there is potential for deeply personal matters to be revealed in the course of the investigation, such as religious beliefs, areas of stress, etc. You are not required to reveal any of this, but often it does come up as a key to finding solutions.

Your initials:_____

9. You understand that due to the nature of this work, Show Me Paranormal cannot guarantee any particular outcome of your case. We cannot ensure that we will come to any particular or firm conclusion about the events of your activity or experiences. In some cases, there may not be a paranormal or supernatural agent directly responsible for your predicament, but possible causes may include stress, misinterpretation and other natural phenomena. You also agree to be receptive and open to any suggestions concluded by our team concerning natural phenomena. You are free to accept or reject any suggestions.

Your initials:_____

10. Although Show Me Paranormal team members take the utmost care to be responsible agents concerning our clients well being and property, applicant agrees that Show Me Paranormal, as a non for profit entity; will not be held responsible for any damages to property, person or spiritual welfare.

Your initials:_____

Signature of Applicant:_____Date: ____/____/_____

By initialing each individual term, I agree that I have read this agreement in it's entirety and by signing the above signature line, I agree to the terms of this agreement and understand that I am legally bound by all terms listed above.

I also hereby agree that by submitting this application form via email method that I have given my electronic signature to this agreement and I will sign a hard copy at the consultation appointment.

SUBMISSION OF THIS FORM:

Following completion of the form, you may submit it in one of the below means:

Snail mail to:
Kristie Shrieves, Case Manager
810 Hwy 42
Iberia, MO 65486

Email:
Print out form, fill out and sign, then scan back in and email to: Kristie@showmeparanormal.net

Submit in Person to one of Show Me Paranormals Team Members.

Following the receiving of this application for investigation, Show Me Paranormals Case Manager will contact you by the means you prescribed in the form, and set up a consultation date and time. If investigation is warranted, an investigation date will be determined based on allowing the team members time for researching and analyzing the information and location applied for. The consultation team members will try to accurately set a date for you at the consultation.

Show Me Paranormal retains the right to deny any investigation request based on the information obtained through the application form and/or consultation, and will provide a written response as to reason/s for denial.

We thank you for your interest,
Show Me Paranormal Team Members

