Lionheart Paranormal investigators

Paranormal Researchers Initial contact

I – General Information

Date:	/ /	**Name of complainant**	
Time Started:		**Case:**	10115
		Address	
		Contact Details	
		Year moved in	

III – Weather Conditions

Time of day:		**Time Zone (specify Standard or Daylight Time):**	
Temperature:		**Relative Humidity:**	
Wind Speed:		**Barometric Readings:**	
High Pressure:		**Low Pressure:**	
Describe the weather conditions (raining, thunder, cloudy, misting, snowing, etc.)			

IV – Phenomena Witnessed

In the area being studied by the eyewitnesses did anyone notice abrupt (explain):	
Changes in Temperature	
Changes in the Weather	
Any Apparitions	
Sensation of Being Watched	
Sudden Mood Changes	
Discarnate Voices	
Electrical Problems	
Disappearing Objects	
Telekinesis	

IV – Phenomena Witnessed

Time of Event	Phenomena Witnessed	Photo Taken
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Witnessed by:

Signed:

Print Name:

Date: