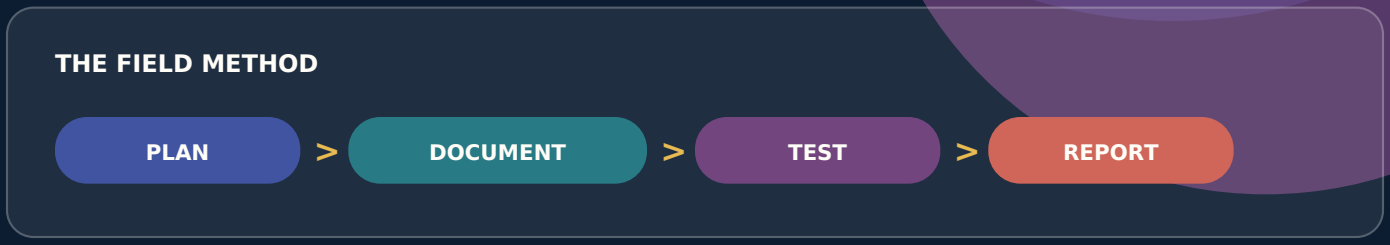
MY COUSIN'S COVEN

Paranormal Investigation Field Packet

A printable companion workbook for planning, documenting, testing and closing a careful investigation.



Trust the experience.
Verify the interpretation.

15 field stations | Printable worksheets | Case-file method

FIELD EDITION

BEGIN | ORIENTATION

How to Use This Packet

Use the pages in order, or print only the worksheets your case requires.

A RECORD, NOT A VERDICT

This packet helps you preserve what people experienced, what the environment did and what your tests found. It does not force every case toward either a paranormal or a mundane conclusion.

THE FOUR-PART FIELD METHOD

PHASE	PRIMARY WORK	BEST RECORD	COMMON MISTAKE
PLAN	Permission, scope, roles	Intake and case question	Starting with gadgets
DOCUMENT	Independent accounts	Logs, map and time sync	Letting witnesses compare
TEST	Repeat and compare	Controlled observations	Changing many variables
REPORT	Classify with limits	Findings and follow-up	Calling unresolved paranormal

BEFORE YOU BEGIN

- [ ] A responsible adult has permission to enter and document the location.
- [ ] Emergency, medical, electrical, structural and security concerns have been addressed first.
- [ ] Witnesses understand how recordings, notes and identifying details may be used.
- [ ] The team has a stop plan, a check-in person and a safe way to leave.
- [ ] No one is pressured to participate, communicate, perform ritual or accept an interpretation.

PLAN | STATION 1

Case Intake and Triage

Record the request before deciding what the request means.

CASE ID

DATE AND TIME RECEIVED

PRIMARY CONTACT

PREFERRED CONTACT METHOD

LOCATION OR GENERAL AREA

REASON FOR CONTACT - USE THE WITNESS'S OWN WORDS

IMMEDIATE TRIAGE

- [ ] Someone is in immediate physical danger
- [ ] Children or vulnerable adults are involved
- [ ] Possible fire, gas, electrical or structural hazard
- [ ] Animals are distressed or at risk
- [ ] Possible intruder, stalking or domestic violence
- [ ] Weapons, intoxication or unsafe access are present
- [ ] Acute medical or mental-health concern
- [ ] Case can safely proceed to intake

REFERRAL RULE

Pause paranormal work when ordinary emergency or safety systems are the right first response. Document the referral and do not interfere with professional care.

INITIAL NEXT STEP, REFERRAL OR REASON TO DECLINE

PLAN | STATION 2

Permission, Privacy and Scope

Permission is specific. It can be limited or withdrawn at any time.

PERMISSION CHECKLIST

- [ ] Enter the agreed rooms and grounds
- [ ] Photograph or video the location
- [ ] Record audio and environmental readings
- [ ] Interview the people named below
- [ ] Move or handle only specifically approved objects
- [ ] Attempt communication
- [ ] Perform an agreed spiritual practice
- [ ] Share selected evidence privately with the household
- [ ] Publish only the material separately approved in writing

AREAS, PEOPLE, OBJECTS OR PRACTICES THAT ARE OFF LIMITS

PRIVACY CONDITIONS AND NAMES TO BE WITHHELD

STOP CONDITIONS

- [ ] Resident asks the team to stop
- [ ] A participant becomes distressed
- [ ] Recording or privacy agreement is breached
- [ ] New safety hazard appears
- [ ] Team leaves assigned area
- [ ] Other:

PROPERTY REPRESENTATIVE NAME

SIGNATURE / DATE

LEAD INVESTIGATOR NAME

SIGNATURE / DATE

DOCUMENT | STATION 3

Independent Witness Interview A

Interview separately before witnesses compare memories or explanations.

WITNESS CODE OR NAME

INTERVIEW DATE, TIME AND INTERVIEWER

WHERE WERE YOU?

WHO ELSE WAS PRESENT?

DESCRIBE WHAT HAPPENED FROM BEGINNING TO END

WHAT DID YOU PERSONALLY PERCEIVE?

- [ ] Sound
- [ ] Sight
- [ ] Touch or pressure
- [ ] Smell or taste
- [ ] Temperature or air
- [ ] Emotion or presence

EXACT WORDS, SOUNDS, MOVEMENTS, SENSATIONS OR SEQUENCE

WHAT DID YOU DO IMMEDIATELY AFTERWARD?

WHO DID YOU TELL FIRST?

WHAT DO YOU THINK HAPPENED? MARK THIS CLEARLY AS INTERPRETATION

DOCUMENT | STATION 3

Independent Witness Interview B

A second account is most useful before either witness sees the first one.

WITNESS CODE OR NAME

INTERVIEW DATE, TIME AND INTERVIEWER

DESCRIBE WHAT HAPPENED FROM BEGINNING TO END

ESTIMATED TIME AND DURATION

LOCATION AND DIRECTION OF EVENT

DETAILS REMEMBERED WITH HIGH CONFIDENCE

UNCERTAIN DETAILS OR DETAILS LEARNED FROM SOMEONE ELSE

INDEPENDENT COMPARISON - COMPLETE AFTER BOTH INTERVIEWS

FEATURE	WITNESS A	WITNESS B	AGREEMENT / DIFFERENCE
Time and sequence			
Location and direction			
Sensory details			
Meaning assigned			

DOCUMENT | STATION 4

Location Map and Observation Zones

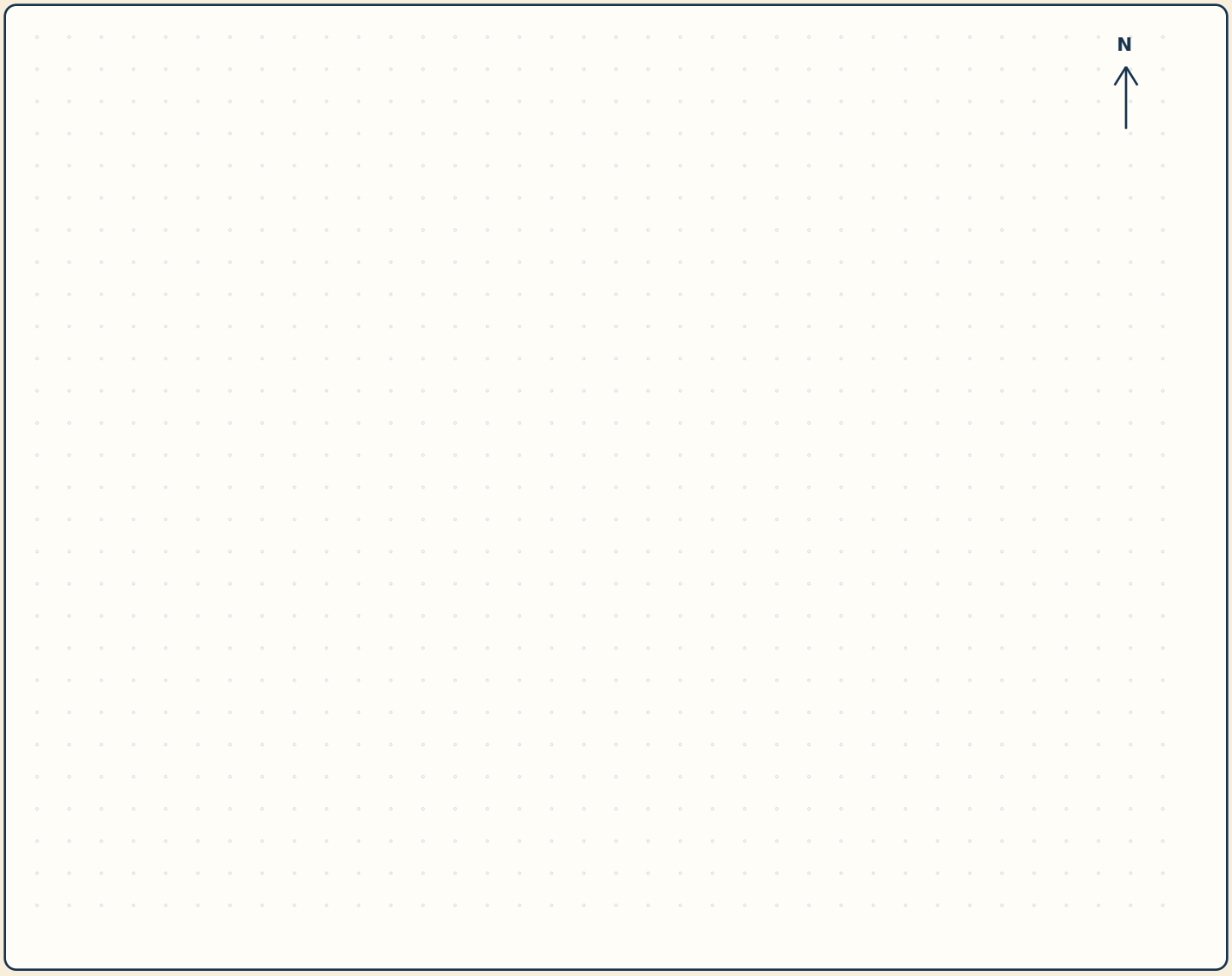
Map first. A location becomes testable when everyone uses the same names and boundaries.

CASE ID _____

FLOOR / AREA _____

DATE _____

DRAW DOORS, WINDOWS, STAIRS, UTILITIES, EQUIPMENT POSITIONS AND REPORTED EVENT LOCATIONS



ZONE CODES AND ROOM NAMES _____

KNOWN ENVIRONMENTAL SOURCES / CONTROLS _____

RESTRICTED OR UNSAFE AREAS _____

DOCUMENT | STATION 5

Baseline and Environmental Log

A change is meaningful only when you know what normal looked like first.

DATE _____ **START / END TIME** _____ **WEATHER** _____

TIME	ZONE	TEMPERATURE	HUMIDITY	EMF / FIELD	SOUND / NOTES

ORDINARY SOURCE CHECKS

- ☐ HVAC cycle
- ☐ Plumbing / water hammer
- ☐ Refrigerator or appliance
- ☐ Road or rail traffic
- ☐ Neighbor activity
- ☐ Animals or pests
- ☐ Loose windows / doors
- ☐ Wireless / electrical source

BASELINE PATTERN, CYCLES AND AREAS REQUIRING A SECOND READING

PLAN | STATION 6

Case Question and Alternative Explanations

A strong case question names what you can observe without deciding the cause in advance.

QUESTION PATTERN

Under what conditions does the reported event occur, and which observations would support or weaken each possible explanation?

PRIMARY CASE QUESTION

TARGET EVENT OR PATTERN

WHERE AND WHEN IT IS REPORTED

POSSIBLE EXPLANATION	WHAT WOULD SUPPORT IT?	WHAT WOULD WEAKEN IT?
Building / mechanical		
Human perception / memory		
Environmental		
Deliberate or accidental human cause		
Paranormal interpretation		

WHAT RESULT WOULD MAKE US REVISE THE PLAN?

PLAN | STATION 7

Equipment Plan and Time Sync

Choose the smallest kit that can answer the case question reliably.

DEVICE	PURPOSE / QUESTION	ZONE	CLOCK OFFSET	OPERATOR

PRE-DEPLOYMENT CHECK

- ☐ Clocks synchronized
- ☐ Batteries / storage checked
- ☐ Serial numbers recorded
- ☐ Control readings taken
- ☐ Wireless sources noted
- ☐ Tripods / cables secured

DEPLOYMENT NOTES AND EXPECTED SOURCES OF INTERFERENCE

CALIBRATION NOTE

Record what the device measures, its limits and any known drift. A number is not an explanation.

PLAN | STATION 8

Team Roles and Movement Log

Clear roles reduce noise, crossed accounts and unrecorded changes.

NAME / CODE	ROLE	RESPONSIBILITY	RADIO / CONTACT

LEAD INVESTIGATOR

SAFETY LEAD / CHECK-IN PERSON

MOVEMENT LOG

TIME	PERSON	FROM	TO	REASON / ACTION

DOCUMENT | STATION 9

Master Event Log

Write first, interpret later. Use one shared timeline for the whole team.

CASE ID _____ **DATE** _____ **CLOCK STANDARD** _____

TIME	ZONE	EXACT OBSERVATION	REPORTER	CORROBORATED?	ACTION / FILE

DOCUMENT | STATION 9

Event Detail Record

Use this page when an event deserves more detail than the master log can hold.

EVENT ID _____

TIME / DURATION _____

ZONE _____

EXACT OBSERVATION - AVOID CONCLUSIONS

SOURCE SEPARATION

- ☐ Personally observed
- ☐ Reported by another person
- ☐ Captured by a device
- ☐ Seen or heard only during review
- ☐ Contemporaneous note exists
- ☐ Clock offset corrected

CONDITIONS IMMEDIATELY BEFORE THE EVENT

IMMEDIATE CHECKS, REPLICATION ATTEMPT AND RESULT

RELATED FILE NAMES / DEVICE IDS _____

PRELIMINARY STATUS - NOT FINAL CLASSIFICATION _____

TEST | STATION 10

Anomaly Comparison and Test

Compare events by shape, timing and conditions before you compare their stories.

EVENT A ID

EVENT B ID

COMPARISON POINT	EVENT A	EVENT B	MATCH / DIFFERENCE
Location and direction			
Time and duration			
Sound / visual shape			
Environmental readings			
People and movement			
Nearby systems			
Witness wording			

CONTROLLED TEST

ONE VARIABLE CHANGED

CONDITIONS HELD STEADY

PREDICTED RESULT

OBSERVED RESULT

WHAT THE COMPARISON SUPPORTS - AND WHAT IT CANNOT ESTABLISH

REPORT | STATION 11

Evidence Review and Classification

Classify the record according to its strength and limits, not its dramatic value.

ITEM ID	DESCRIPTION / FILE	SOURCE	INTEGRITY CHECK	CLASSIFICATION

WORKING CLASSIFICATIONS

EXPLAINED	A supported ordinary cause accounts for the event.
UNRESOLVED	The record is insufficient to choose among explanations.
ANOMALOUS	The event departs from the expected pattern and merits attention.
CORROBORATED	More than one independent source supports the event.
POSSIBLE PARANORMAL	The interpretation is reasonable only after alternatives and limits are stated.

REVIEWER NOTES, DISAGREEMENTS OR MISSING INFORMATION

REPORT | STATION 12

Final Report Builder

A responsible report tells the reader what was found, how it was found and where certainty ends.

CASE TITLE / ID

REPORT DATE / PREPARER

CASE QUESTION AND AGREED SCOPE

METHODS AND RECORDS REVIEWED

FINDINGS WITH CLASSIFICATIONS AND SUPPORTING ITEM IDS

LIMITS, UNRESOLVED CONFLICTS AND EXCLUDED CLAIMS

LANGUAGE GUARDRAIL

Prefer: 'The recording contains...' or 'Two independent witnesses reported...' Avoid claiming motive, identity or danger that the evidence cannot establish.

CLOSE | STATIONS 13-14

Follow-Up, Referral and Next Steps

The household's well-being matters more than extending the case.

FOLLOW-UP DATE / CONTACT

CASE STATUS

WHAT CHANGED AFTER THE INVESTIGATION?

- ☐ Activity stopped
- ☐ Activity decreased
- ☐ Activity stayed similar
- ☐ Activity increased
- ☐ Residents feel safer
- ☐ Residents feel more distressed
- ☐ New information appeared
- ☐ No follow-up available

NEED	APPROPRIATE REFERRAL / RESOURCE	CONTACT AND OUTCOME
Safety / property		
Medical / mental health		
Animal / pest / environment		
Spiritual care		
Qualified investigation		

RECOMMENDED NEXT STEP, OWNER AND AGREED TIMING

- ☐ Close case
- ☐ Monitor without intervention
- ☐ Return for defined test
- ☐ Refer and step back

CLOSE | STATION 15

Quick Field Reference and Closeout

Keep this page at the front of your field case folder.

WHEN SOMETHING HAPPENS

1. Pause and note the exact time.
2. Describe the event without diagnosing it.
3. Identify everyone who personally observed it.
4. Mark movement, devices and environmental changes.
5. Run the smallest safe repeat test.
6. Preserve file names and original records.

WHEN TO STOP

Stop for danger, distress, withdrawn permission, breached privacy, unsafe weather, structural hazards, conflict, intoxication or a team member leaving the agreed area. A clean exit is a successful field decision.

CLOSING CHECKLIST

- [ ] All people accounted for
- [ ] Equipment and personal items recovered
- [ ] Rooms returned to agreed condition
- [ ] Residents receive an immediate factual debrief
- [ ] Original files secured and copied
- [ ] Clock offsets and missing records noted
- [ ] Private material restricted as agreed
- [ ] Report and follow-up date assigned

FINAL FIELD NOTES

Trust the experience. Verify the interpretation.

CAREFUL WORK LEAVES PEOPLE, PLACES AND RECORDS BETTER THAN IT FOUND THEM.