

PARANOIA™

Forms Pack

Original *PARANOIA* design

DAN GELBER
GREG COSTIKYAN
ERIC GOLDBERG

New *PARANOIA* edition

ALLEN VARNEY
GARETH HANRAHAN

PARANOIATM

Forms Pack

Security clearance **ULTRAVIOLET**
WARNING:

Knowledge or possession of this information by any citizen
of Security Clearance **VIOLET** or lower is treason punishable by a
long spell of Armed Forces latrine scrubot maintenance duty.

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FORMS PACK

Generic Forms

1. Citizen Asset Tracking Form
2. Delayed Form Filing Form
3. Bouncy Bubble Beverage Voucher
4. Alpha Complex Sanity Test (Revised)
5. Form 27/c
6. FunFood Experience Report
7. Pipe Damage Report
8. Information Request Form
9. Post Brainscrub Assessment Form

Citizen Asset Tracking Form

Form CPU65XB360

Under new joint PLC/CPU 'Proactive Obsolesce Is Mandatory Joy' Directive, all assets of citizens below YELLOW clearance must be tracked using this form. Citizens are instructed to submit a complete copy of this form every MandatoryReportingDay. Failure to do so will result in fines not less than 100 credits. Providing incomplete, incorrect or misleading information is treason.

Name: _____ - ____ - ____
 ME Credit Balance: [_____]
 PlastiCred Balance: [_____]

[] I certify that these plasticreds will only be used for legal, non-treasonous purposes. I certify that I received these credits from an accredited source, and that these credits have never, are not and will never be used for any treasonous acts. Furthermore, I volunteer to record all plasticred transactions and report them to Internal Security.

Personal Equipment (list all items):

Which of these items makes you happiest? _____
Why? _____

Which of these items makes you least happy? _____
Why? _____

Why do you think The Computer would permit you to purchase non-happiness-enhancing products? Do you think it is more likely that you are insufficiently medicated? Have you considered purchasing bonus medication?

Tick all that apply:

- [] I wish to prove my loyalty by purchasing more products.
- [] Only a Commie would object to repurchasing key products regularly.
- [] I am interested in receiving information about new goods and services.
- [] I authorise CPU to adjust my credit balance as needed under the new Asset Tracking Directive.

GENERIC FORMS

Delayed Form Filing Form

Please complete this form in the event you fail to complete another form within the form's time limit. Attach this form to that form and submit that form to CPU, not the form's original addressee. Send a copy of the form to the addressee with a note attached noting that this form has been completed for the form. Failure to complete either form is treason.

Name: _____ - ____ - ____ 1 2 3 4 5 6

What is the form you failed to complete? _____

Form Time Limit

- 1 working daycycle 3 Working daycycles 1 Weekcycle 2-4 Weekcycles
 1 Monthcycle 1 Yearcycle Immediate Indeterminate
 Not available at my security clearance Glacial Epoch Yesterdaycycle
 Determined by external factors 0.543 hours c
 Other Years Days Hours Minutes Seconds

When were you issued the form?

Why were you issued the form?

Why did you fail to complete the form? List all possible factors and associated delay.

Factor	Time Delay
Total:	

Which of the following statements do you agree with?

- My failure to complete the form in time is wholly my own fault. YES NO
 My failure to complete the form in time is the result of Commie sabotage. YES NO
 I reported the Commie sabotage within the time limit. YES NO
 The time allocated to fill out the form was reasonable and fair. YES NO
 I volunteer for R&D time travel tests in order to get this form filled out in time. YES NO
 I came back from the future to fill out this form. YES NO



Bouncy Bubble Beverage Voucher

Congratulations, Citizen! This voucher is good for one (1) free can of your favourite fun drink, Bouncy Bubble Beverage! Just answer a few simple questions and then present this voucher to the nearest B3 vending machine.

1. What's your favourite flavour of B3?

REDBerry Classic Revised Classic DoubleSweet Spicy

2. What's your average resting heart rate?

<60 BPM 60 to 100 BPM 101-120 BPM 121+ BPM

3. Which, if any, of these conditions do you experience after drinking B3?

Euphoria A Taste Sensation Paranoia Hallucinations Nausea

4. B3 vending machines are

My special friend Overly Aggressive Coin-stealing Thugs At My Door

5. Special Bonus IntSec Question! Name your most treasonous team-mate:

_____. This information will be treated in strictest confidence. The nominated citizen will be interrogated by Internal Security. In the unlikely event that the citizen is found innocent, he or she will be awarded a Voucher for a free can of B3!

Alpha Complex Standard Sanity Test (Revised)

DO NOT PANIC. EVERYTHING IS FINE. YOU ARE IN A SAFE ENVIRONMENT. FAILURE TO NOT PANIC IS TREASON. FAILURE TO PERCEIVE THAT EVERYTHING IS FINE WILL RESULT IN IMMEDIATE MEDICATION. IF YOU ARE NOT PERMITTED SHARP OBJECTS, INFORM THE COMPUTER AND YOU WILL BE SUPPLIED WITH A LOW-TOXIC CRAYON.

Hello Citizen. This form will help us determine the current state of your sanity. Do not panic. If you feel confused and stressed while completing this form, request more medication immediately. The results of this form will determine your future medication and duty assignments.

If you understand and agree to these conditions, please scrawl some sort of mark in this box: []

Test 1: Word Association

Match the word in column A with its partner in column B.

A		B
Termination	Everything is fine.	Complex
Friend	The Computer is your Friend.	Booth
Registered	Inform on your co-workers.	Camera
Happy	Obey The Computer.	Computer
Alpha	Sanity is conformity.	Citizen
Mutant	Deviation is treason.	Patrol
Surveillance	Trust The Computer.	Mutant
Bouncy	Trust No-One.	Citizen
Confession	Commies are everywhere.	Warrant
Security	Obey. Obey. Obey.	Registration
Delicious	You are Happy.	Fun

GENERIC FORMS

Test 2: Inkblots

Does this image make you feel

Safe?

Threatened?

Watched?

Happy?



Does this image make you feel

Patriotic?

Threatened?

Angry?

Nauseous?



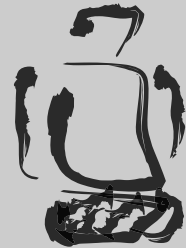
Does this image make you feel

Funny?

Threatened?

Useful?

Prickly?



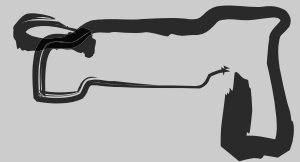
Does this image make you feel

Strong?

Threatened?

Violent?

Twitchy?



Does this image make you feel

Funny?

Threatened?

Reverent?

Nauseous?



Does this image make you feel

Funny?

Threatened?

Happy?

Jealous?





FORMS PACK

Test 3: Mental Health Assessment

Indicate your level of agreement with the following statements.

I often conceal my real feelings.

Strongly Disagree Disagree Neutral Agree Strongly Agree

The Computer is my only friend.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Hygiene is next to happiness.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I have strange thoughts.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I sometimes hear voices.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Some citizens need to be killed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Form 27/c

Answer all questions.

1. What is your name?
2. Who ordered you to complete this form?
3. What reason did this person give?
4. Why do you think you were ordered to complete this form?
5. Do you believe you are capable of completing this form?
6. Why do you believe this?
7. If you prove incapable of completing this form, what will you do?
8. What is the purpose?

9. Tick the other forms you filled out prior to form 27/c.

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | 180c | Authorisation for Use of 2B Pencil |
| <input type="checkbox"/> | 21d | Brain Refurbishment In Accordance With Directive 27 |
| <input type="checkbox"/> | 99/1 | Confirmation of Security Clearance |
| <input type="checkbox"/> | 26b | Request for Removal Of Monitoring Implant |
| <input type="checkbox"/> | 23/x | Blood Type Assessment |
| <input type="checkbox"/> | 23/y | Radiation Exposure Assessment |
| <input type="checkbox"/> | 52/d1 | Practical Corridor Ceiling Tile Replacement Maintenance and Cleaning Exam |
| <input type="checkbox"/> | 99/a | Standard Confession of Treasonous Activity |
| <input type="checkbox"/> | | I have not completed any of the above forms. |

10. How many times have you been exposed to radiation in the last month?
11. Are you currently in possession of a Form 22/d?
12. Have you ever possessed a Form 22/d?
13. Are you aware of the consequences of your answers?
14. Describe, in detail, how you would remove a standard Corridor Ceiling Tile for cleaning.
15. How would you modify this procedure if the tile was being removed for replacement, not cleaning?
16. Would you agree that Corridor Ceiling Tiles are more important than other tiles? If not, why not?
17. Have you ever looked into the crawlspace? What did you see? Did you report what you saw?
18. Are Corridor Ceiling Tiles happy? Explain your answer.
19. Would corridors be improved if Corridor Ceiling Tiles were given more capacity to experience happiness? How would you do this?
20. Do you ever think you're a Corridor Ceiling Tile? Imagine what that would be like. Write an essay on your life as a Corridor Ceiling Tile.

GENERIC FORMS

FunFood™ Customer™ Assessment™

Hi there, citizen™! We hope you enjoyed™ your FunFood™ Experience™! We've got a few questions™ for you! Please complete this Customer™ Assessment™ Form™ and hand it over to our Customer™ Care™ Clones™. Failure to do is Treason™.

1. Name: _____ - _____ - _____ **1 2 3 4 5 6**

Is this the same clone number who ate the FunFood™? [] Yes [] No

2. The FunFood™ Consumed Was (Tick All That Apply)

- | | | |
|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Hot Fun™ | <input type="checkbox"/> Cold Fun™ | <input type="checkbox"/> LukeWarm SnackFun™ |
| <input type="checkbox"/> FunPlus™ | <input type="checkbox"/> FunOnTheRun™ | <input type="checkbox"/> QuantumFun™ |
| <input type="checkbox"/> FunDae™ | <input type="checkbox"/> FunStix™ | <input type="checkbox"/> Other™ (specify) _____ |

If you consumed Chewy FunBalls™ or ChewyFun Classic™, please consult a docbot immediately.
If you consumed FizzFun™, please report to Outdoors immediately.

3. Describe your Fun™ Experience.

4. Would you describe the Fun™ as (tick all that apply)

- | | | |
|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Filling | <input type="checkbox"/> Satisfying | <input type="checkbox"/> Tangy |
| <input type="checkbox"/> Strange | <input type="checkbox"/> Violating | <input type="checkbox"/> Tasty |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Ropy | <input type="checkbox"/> Gooney |
| <input type="checkbox"/> Delicious | <input type="checkbox"/> Nutritious | <input type="checkbox"/> Alive |

5. Did you experience any of the following symptoms™? If so, please indicate the location of these symptoms™ on the diagram™.

- Burning
- Pressure buildup
- Rash
- Agonising Pain
- Nausea
- Movement beneath the skin

6. Thank you for completing this Customer™ Assessment™ Form! As our gift to you, we would like to treat you or a friend™ to a free FunMeal™. Please enter your name or the name of your nominated friend™ below.



Pipe Damage Report Form

Technical Services/6345/886/c-GAMMA

ATTENTION! Form TS/6345/886/c-GAMMA ('Pipe Damage Report Form') is to be submitted within ten minutes of any damage to a pipe, tube, conduit, enclosed channel, feed, pump, feed line, aqueduct, duct, pressure vent or other similar component (henceforth designated 'pipe') is damaged, pierced, broken, dented, forced, subjected to any form of undue energy or pressure, melted, scarred or otherwise removed from its initial state (henceforth 'damaged'). Failure to submit Form TS/6345/886/c-GAMMA ('Pipe Damage Report Form') within the time limit is treason.

1. Where is the pipe?

Sector: Corridor: Pipe Distribution Nexus: Pipe #:

If you do not know all of the above information, please describe the pipe's location in detail.

2. What is the nature of the damage?

Laser Fire Commie Sabotage Severe Impact Pierced by Projectile
 Vehicle crash Fire/similar condition Corrosion/Acid

3. What is the current state of the pipe?

Blocked Broken Leaking Breached
 Flooded Spouting Cosmetic damage only

4. How did you ascertain this damage?

5. How did the damage occur?

6. Who is responsible for this damage?

7. What, if anything, is leaking from the pipe?

8. Would you describe the leaking substance as (tick all that apply):

Acidic Bubbly Toxic Caustic
 Alive Tasty Unidentifiable Friendly

9. Estimating the current amount of material leaking from the pipe, and the volume of the flood zone (where 'flood zone' is defined as a space bounded by watertight ceilings, floors and blast doors), how long will it take the leaking material to completely fill the flood zone? Show your work.

10. Special Bonus Pipe Repair Question! How would repairing this pipe benefit Alpha Complex?

GENERIC FORMS

Information Request Form

One copy of this form is to be retained by the submitter, one copy sent to the service group from which the information is requested, one copy sent to Internal Security, one copy sent to Central Processing and one copy sent to your immediate superior.

1 Name: _____ - ____ - ____ 1 2 3 4 5 6

2 Information Request Addressee

- Central Processing Unit.....All information (other)
- Armed Forces.....Information related to Armed Forces personnel and activities
- HPD&MC.....Housing, Media, Citizen Services, Mental Adjustment, Payments, Rates, Systems Processing, System Services, Information Availability, Citizen Processing, Development, Development Services, Processing Services, Service Processing
- PLC.....Consumer Affairs, Consumer Advice, Non-Technical Product Usage Queries
- R&D.....Experimental Device Operation or Disposal, Fringe Questions
- Tech Services.....Technical Support, Technical Questions, Operations Support, Operation Services, Plumbing and Wiring (not power)
- Power Services.....Power Support, Power Queries, Power Operations Support, Power Operation Services, Power Supply and Usage, Wiring questions, Transport queries
- Internal Security..... N/A

3 Previous Information Request Attempts (Tick all that apply).

- Requested help from Friend Computer
- Searched Computer archives
- Contacted Information Retrieval Services for the appropriate Service Group
- Visited Information Retrieval Services for the appropriate Service Group
- Filed Preliminary Information Request
- Visited Information Dispersal Clerk
- Visited Information Dispersal Clerk for more than one hour
- Visited Information Dispersal Clerk for more than one working day
- Am still in Information Dispersal Clerk's office

4 Did these previous attempts elicit the information you seek? Yes No

5 If YES, why are you filing this Information Request? Please list other examples of contradictory behaviour on your part.

6 If NO, please select the most likely reason for this failure.

- Insufficiently accurate request (Please communicate more clearly in future).
- Failure or incompetence on part of clerk (Please provide proof of this allegation).
- Sabotage (Please provide proof of this allegation).
- Information not available at my security clearance (Explain why you are requesting information above your security clearance).
- I don't know (Please fill out an Information Request Form).
- Other (specify).

7 Specify the information you require.

8. Could this information be used by the enemies of Alpha Complex? YES NO

9 If YES, explain how you would use this information to damage Alpha Complex. Also explain how you believe you will be able to ensure the information remains secure.

10 If NO, explain how you are so certain that this information is completely secure. Do you often leap to unjustified conclusions? How do you know what traitors are planning?



Post-Brainscrub Assessment Form

Hi there! You've been brainscrubbed! That's great!

1. Do you know what your name is? If you do, write it here! _____

If you can't remember your name, write any letters you can remember. If you can't remember any of your name, then you're now Kevin, ok.

2. Do you remember your security clearance? If you do, circle it! **IR R O Y G B I V U V**

If you can't remember, that's ok! Just make your best guess! Try looking at your sleeve for clues.

3. You're doing really well! What fun this is! Anyway, next question. Can you draw a picture of a warbot in this box?

4. Now, tick (or draw a little smiley face) next to the statement you agree with.

The Computer is my
A: Friend []

B: Little Box Buddy []

C: I don't know. []

Happiness is
A: Mandatory []

B: Inside the pills []

C: A tangy metal taste []

I shoot Commies with my
A: Laser []

B: Toaster []

C: Mind []

Brainscrubbing feels
A: Painful []

B: Fuzzy []

C: Good, like having a shiny cranium []

5. Go you! We're done. Now give this form to the nice docbot and have a Bouncy Bubble Beverage!

+++FOR OFFICIAL USE ONLY+++

Mostly As: Brainscrub successful. Return citizen to standard assignment.

Mostly Bs: Close enough. Reassign to Troubleshooter duty.

Mostly Cs: Reassign to paperweight duty.

Troubleshooter Forms

Troubleshooter Forms

1. Team Leader Sick Note
2. Loyalty Officer Loyalty Test
3. Hygiene Officer: Request for Scrubbot
4. Equipment Maintenance Checklist
5. Comms & Recording Officer Shooting Schedule
6. Happiness Officer Happiness Assessment

Request for Emergency Scrubbot Assistance

TS/434/431/c

Name: _____ - __ - _____ -1 2 3 4 5 6 Hygiene Officer [] YES [] NO

Please describe the nature of the soiling, spillage, marking or other staining.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bloodstain | <input type="checkbox"/> Human waste | <input type="checkbox"/> Bouncy Bubble Beverage |
| <input type="checkbox"/> Caustic chemical spill | <input type="checkbox"/> Vomit | <input type="checkbox"/> Bouncy Bubble Beverage, Cheery-O |
| <input type="checkbox"/> FunFood (hot) | <input type="checkbox"/> FunFood (cold) | <input type="checkbox"/> Substance 291 |
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Generic Dirt | <input type="checkbox"/> Molten metal |
| <input type="checkbox"/> Acid | <input type="checkbox"/> Paint | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Grease | <input type="checkbox"/> Other Lubricant | <input type="checkbox"/> Human byproduct (other) |
| <input type="checkbox"/> Outdoors Material (RED clearance or higher, only) [] Dye | | |
| <input type="checkbox"/> Tick only if Protocol LOOSE VECTOR NINE is authorised | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Please describe the size and location of the soiling in detail. _____

How did the stain occur? What caused it? Why did you fail to prevent it occurring? _____

Why are you not cleaning up the stain yourself? _____

Please note any special attachments required by the scrubbot for this assignment.

- | | | |
|--|--|---|
| <input type="checkbox"/> Extended hose | <input type="checkbox"/> Carpet cleaner | <input type="checkbox"/> Spray-Kleene |
| <input type="checkbox"/> UV Germzapper | <input type="checkbox"/> Polishing brush | <input type="checkbox"/> Body Bag |
| <input type="checkbox"/> Molecular Scourer | <input type="checkbox"/> Laser cannon | <input type="checkbox"/> High-pressure hose |

I certify that I take full responsibility for

- The care and proper functioning of the scrubbot, and any damage caused by the bot.
- The destruction of any and all evidence that may be of use to Internal Security in future investigations
- The proper maintenance of hygiene standards within the specified zone
- Any and all issues related to the filing of this form.

BONUS FUN FACT: Scrubbots are now equipped with dental cleansing probes!



Loyalty Officer Loyalty Test

Citizen! You have been selected to serve as your team's LOYALTY OFFICER. This role is of great importance and is vital to the successful completion of your Troubleshooter mission. *Internal Security is watching your* success closely. As part of this process, your own loyalty must be assessed. FAILURE TO FILL OUT THIS FORM FULLY IS TREASON! FAILURE TO ANSWER ANY QUESTIONS ON THIS FORM IS TREASON! INCORRECT OR FRADULENT ANSWERS ARE TREASON! Thank you for your co-operation.

1. Please state your full name: _____ - __ - _____ - 1 2 3 4 5 6

2A. List all your associates in the last five yearcycles. For the purposes of this form, an 'associate' is a citizen with whom you shared the same physical location for more than ten minutes on at least two separate occasions or communicated with verbally, in writing or by electronic means. Use the back of the page if you need more space. If you are unable to comply with this directive, please answer questions 2B, 2C and 2D. _____

*** DO NOT ANSWER THIS SECTION IF YOU HAVE COMPLETED QUESTION 2A ***

2B. How often do you suffer from memory lapses? [] Sometimes [] Often [] I don't remember suffering from memory lapses.

2C. Can you account for all your movements in the last five yearcycles? Can you provide alibis or other proof of your movements? [] Yes [] No

2D. Do you trust yourself? [] Yes [] No. Explain why.

*** ANSWER ALL FOLLOWING SECTIONS ***

3. The Loyalty Officer's chief role is to precisely and accurately record events. Please accurately and truthfully describe any one of the following:

- a) The first time you betrayed The Computer
- b) Your initiation into a treasonous conspiracy
- c) Your most recent treasonous thought

4. Internal Security may require certain actions of you. If ordered to do so by an IntSec agent, would you? If not, why not?

- a) Throw acid in a Junior Citizen's face [] YES [] NO _____
- b) Plant a bomb [] YES [] NO _____
- c) Swear allegiance to the Communists [] YES [] NO _____
- d) Terminate a fellow Troubleshooter [] YES [] NO _____

5. Do you have anything else that you wish to confess at this point? FAILURE TO CONFESS ANY TREASON AT THIS POINT WILL RESULT IN SEVERE PENALTIES. Remember to sign your confession at the bottom of the page.

FOR INTERNAL USE ONLY:

Signed:

TROUBLESHOOTER FORMS

Happiness Officer Happiness Evaluation

Hi! This handy happy guide will help YOU, the team's Happiness Officer, assess the happiness level of an unhappy team member! This will be FUN! Don't worry, be happy!

Now, remember to SMILE! What's that? It's the HPD&MC approved action checklist, of course!

Stop! If you see an unhappy citizen, act immediately! Happiness is mandatory!

Medicate! You can never have too many happy pills*! Be generous!

Interrogate! Find out the root cause of the citizen's gloom so you can turn that frown upside-down!

Listen! Be caring and considerate! He's unhappy enough, don't make him worse!

Evaluate! Use this form to determine the next best course of action!

First, we're going to record some boring old official details for the clerks over at CPU!

Your name: _____ - ____ - _____ - 1 2 3 4 5 6

Teammate's Name: _____ - ____ - _____ - 1 2 3 4 5 6

Now, ask the following questions of your team-mate!

1. I sometimes feel (a) Nauseous (b) Confused (c) Unhappy
2. I think the voices in my head are (a) Fun (b) Telepathic messages (c) Delusions
3. If I were a bot, I'd be a (a) Jackobot (b) Scrubbot (c) Warbot
4. When I pee, it's mostly (a) my security clearance (b) blue (c) painful
5. Certain death means (a) Commie sabotage (b) Nothing (c) blessed release
6. Y'know, technically, just having a backup clone means nothing. The *you* I'm talking to right now won't be here anymore. The replacement will remember being you, but it won't actually be you. You'll be gone. How does that make you feel? (a) I don't want to think about that (b) Confused (c) Scared
7. Happiness is (a) Fun! (b) Mandatory (c) Chemically Induced
8. My best friend is (a) The Computer (b) my laser pistol (c) The Communist Party Chairman
9. My favourite TV show is (a) Teela-O (b) Emergency Broadcast Test (c) I don't watch tv

Add up the answers!

Mostly As): Your team-mate's A-OK! Good job, Happiness Officer! Get them to join you in a rousing chorus of *Glory, Glory, Hail Computer!*

Mostly Bs): My, someone's got a bit of a dissociative personality disorder! Give them some more pills!

Mostly Cs): Oh no! This team-mate is clearly very unhappy! You have failed in your duties. Report this to the Loyalty Officer immediately.

*: More than 80 mg of Happy Pills is a lethal dose.



Comms & Recording Officer Shooting Schedule

Attention! HPD&MC's Action Time Studios are producing a new series entitled Troubleshooting Live. This high-profile television series is composed primarily of multicorder footage from Troubleshooter (TS) missions. You have been volunteered to contribute to this series! Congratulations!

Instructions: This form lists your assigned shots. Each shot must include at least THREE elements from the list of six potential elements, all in the same shot with no visible edits or breaks. Failure to complete all assigned shots will result in censure. By reading this form, you cede all ownership and creative control of and/or claim on your images to HPD&MC Action Time Studios immediately and in perpetuity.

Shot #1 – Briefing

- Team Leader, nodding sagely
- Team Leader's Inspiring Speech
- Briefing officer smiling
- Image of terrifying Commie
- Exciting flowchart
- Whole team saluting

Shot #2 – Equipment

- Smiling, friendly PLC clerk
- TS putting on armour
- Exciting R&D gadget
- TS explaining use of item
- Equipment guy with laser
- TS operating vehicle

Shot #3 – The Chase Is On!

- Commie on the run
- Friendly conversation with The Computer
- TS team leaping into action
- Loyal citizens cheering TSs
- Foot chase down corridor
- Explosions

Shot #4 – And Now A Word From Our Sponsors

- TS drinking B3
- TS drinking B3
- TS drinking B3
- TS drinking B3
- TS drinking B3
- TS drinking B3

Shot #5 – Firefight

- TS heroically saving teammate
- TS shooting Commie
- Commie warbot attacking
- Commie with hostage
- Lots of explosions
- Ticking bomb clock

Shot #6 – Peril!

- TS falling into deep pit
- TS with expression of grim determination
- Bomb clock with only five seconds to go
- Laughing Commie
- Lots of explosions
- Dead TS, sad expressions

Shot #7 – Successful Mission

- Smiling briefing officer
- Celebratory B3
- Smiling TS
- Returning gadget to R&D
- Laughing at dead Commies
- Team Group Hug

Equipment Officer Advisory #3: Maintenance Checklist

Technical Services RTFM302/2 – Rev 214.22.3.0953356643

1. Team Equipment must be checked

- Once per mission
- After any combat or hazardous encounter
- After immersion in any liquid or semi-liquid medium
- After exposure to any electromagnetic fields in excess of 0.05T
- After exposure to any radiation in excess of 10kBQ
- At the discretion of the Equipment Officer

2. Armour Checklist

	#1	#2	#3	#4	#5	#6
Are all armour seals intact? Broken seals cost clones!						
Is all armour is properly buffed with BuffAll low-toxin spray?						
Are all armour fasteners and straps pulled tight and secured?						
Are there any unusual smells or stains? Are these stains possibly due to MUTANT SECRETIONS?						
Check for reflex fatigue. If reflex fatigue is present, inform the Team Leader.						

3. Weapon Checklist

	#1	#2	#3	#4	#5	#6
Ensure correct laser barrel operation by disconnecting all barrels, examining the barrel for defects, then reconnecting.						
Ensure laser charge by removing power cell, checking the connectors, and replacing dead cells.						
Ensure correct targeting alignment by firing as many test shots as you deem necessary.						
Ensure the built-in camera is operating correctly via port 2.						
Ensure primary flange is seated in the dorsal notch. Failure of the primary flange to sit correctly in the dorsal notch means the weapon is unreliable and should not be used.						



4. MBD Equipment Checklist

Check the Hygiene Officer's cleaning products for signs of leakage. LEAKAGE IS TREASON.

Check the Hygiene Officer's Skin Core Sampler. Does the depth setting dial move smoothly? Is the sample scanner clean and free of contaminant?

HYGIENE OFFICER EQUIPMENT OK [] YES [] NO

Check the Comms & Recording Officer's multicorder. Is the lens clean? Is the battery fully charged? Is the gain on the microphone correctly calibrated?

COMMS & RECORDING EQUIPMENT OK [] YES [] NO

Check the Happiness Officer's supply of medication. Are all seals intact? Is the medication in date? Are you sure that the pills are what they are supposed to be? Why not have a few pills yourself to make sure?

HAPPINESS OFFICER EQUIPMENT OK [] YES [] NO

Note: The Loyalty Officer's notebook is property of Internal Security. It is the official policy of Technical Services that the Equipment Officer must not tamper with the contents or attempt to access Internal Security records during an equipment check.

Check the Loyalty Officer's notebook. DO NOT OPEN IT. DO NOT READ ITS CONTENTS. Ensure it is waterproof. Ensure it is flammable. Ensure it is inflammable. Ensure it is acidproof. Ensure it is laserproof.

LOYALTY OFFICER EQUIPMENT OK [] YES [] NO

5. Experimental Equipment Checklist

5.1 Describe the experimental equipment: _____

5.2 Is the equipment working as intended [] YES [] NO

5.3 If NO, did you attempt to repair the equipment? [] YES (see 5.4, 5.5) [] NO (see 5.6, 5.7)

5.4 If YES, describe your actions in detail: _____

5.5 Is the item working correctly now? [] YES [] NO. If NO, explain how this is not your fault.

5.6 Why did you not attempt to repair the equipment? _____

5.7 Describe, in your estimation, the worst case scenario that could arise if you attempted to repair experimental R&D equipment without proper tools under field conditions/under Commie attack/under stress/under other? Be graphic and imaginative.

_____ !

_____ !

_____ !

_____ !

_____ !

_____ !

_____ !

_____ !

_____ !

TROUBLESHOOTER FORMS

CPU35-3276/D – Team Leader Sick Note

ATTENTION: CPU-35-3276/D (henceforth designated "this form") is for the use of the Troubleshooter designated "Team Leader" by The Computer or a duly authorized representative thereof for the purposes of reporting inability to complete his designated duties on the grounds of medical conditions. Use of this form by any other individual or for any other purpose, including but not limited to fraud, evasion of designated duties or improvised weapon attacks is treason.

A. Identity Verification

State your name. Failure to provide verification of any submitted identity is treason.

_____ - ____ - _____ - 1 2 3 4 5 6

Attach Tongueprint here: []

Attach DNA sample here: []

List Three Trusted Citizens who will vouch for your identity: State association to Team Leader:

1. _____
2. _____
3. _____

B. Team Leader Questionnaire

Confirm that you are currently Team Leader by ticking this box []

How were you designated Team Leader?

- | | |
|--|--|
| <input type="checkbox"/> I volunteered | <input type="checkbox"/> The Computer said so |
| <input type="checkbox"/> I was volunteered | <input type="checkbox"/> The Briefing Officer said so |
| <input type="checkbox"/> Elected by team-mates | <input type="checkbox"/> Citizen _____ said so |
| <input type="checkbox"/> Completed MBD form pack | <input type="checkbox"/> My character sheet says it (please fill out psychological assessment form 23/a) |
| <input type="checkbox"/> Drew the short straw | <input type="checkbox"/> Other. Specify: _____ |
| <input type="checkbox"/> I don't know | |

State the duties of the Team Leader as you understand them: _____

What traits or skills make you a good candidate for the Team Leader position: _____

What traits or other factors detract from your ability to be Team Leader, OTHER THAN THE MEDICAL CONDITION YOU ARE REPORTING IN THIS FORM? Explain how these traits affect your ability to function as Team Leader. Give examples

Why do you believe you were chosen as Team Leader, given your listed drawbacks?



C. MEDICAL QUESTIONNAIRE

Describe your medical condition in full. _____

Was this a pre-existing condition before you were designated Team Leader? YES NO

If YES, why did you not inform a superior? _____

If NO, explain how this condition manifested so abruptly. _____

Do you have any of the following symptoms?

- | | | |
|--|--|--|
| <input type="checkbox"/> Shaky hands | <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Confusion and panic attacks |
| <input type="checkbox"/> Smell of burning | <input type="checkbox"/> Excessive sweating | <input type="checkbox"/> Extra fingers |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Leakage | <input type="checkbox"/> Inability to digest Hot Fun |
| <input type="checkbox"/> Weak knees | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Hearing buzzing noises |
| <input type="checkbox"/> Upset stomach | <input type="checkbox"/> Excessive urination | <input type="checkbox"/> Hearing voices |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Hearing screams |
| <input type="checkbox"/> Feeling of falling | <input type="checkbox"/> Communism | <input type="checkbox"/> Hearing laughing |
| <input type="checkbox"/> Spots or blemishes | <input type="checkbox"/> Rashes or hives | <input type="checkbox"/> Yellowish drool |
| <input type="checkbox"/> Foaming at the mouth | <input type="checkbox"/> Death | <input type="checkbox"/> Hunger for brains |
| <input type="checkbox"/> Inability to read ffrioivgf | <input type="checkbox"/> fgergewgi | <input type="checkbox"/> dwefi than normal |
| <input type="checkbox"/> Lack of symptoms | <input type="checkbox"/> Thirst | <input type="checkbox"/> Other |

If you are removed from your position of Team Leader on medical grounds, what alternate Mandatory Bonus Duty would you like?

- | | | |
|--|---|--|
| <input type="checkbox"/> Loyalty Officer | <input type="checkbox"/> Happiness Officer | <input type="checkbox"/> Equipment Officer |
| <input type="checkbox"/> Hygiene Officer | <input type="checkbox"/> Communications & Recording Officer | |

If you are removed from your position of Team Leader on medical grounds, how does it reflect on your ability to function as a Troubleshooter? Explain your conclusions.

IntSec Forms

1. Interrogation Request Form
2. Citizen Interrogation Receipt
3. SecuriCar Request Form
4. Securicar Damage Report
5. Post-Mission Assessment Form
6. Clone Budget Review Request

Interrogation Request Form

Fill out this form completely for each interrogation subject and make (3) three copies. Failure to make three (3) copies is treason. Retain the original document. Send one copy to MiniPOI, send one copy to Medical Services, one copy to Central Processing and one copy to the Archives department. Failure to precisely comply with these directions may result in undesirable consequences for the subject and/or you

Subject's name: _____ - ____ - _____ - 1 2 3 4 5 6

Specify the parameters of the interrogation:

- Specific Incident (describe the incident): _____
- Treasonous Behaviour Sedition and treasonous associations
- Mutation Badthought and disloyalty
- Continue interrogation until subject confesses
- Other (specify) _____

Does the subject have any known medical conditions? Tick all that apply.

- Heart palpitations Liver damage
- Missing limbs The brainworms
- Extreme nervousness Allergic to Telescopamine
- Allergic to electricity Allergic to stainless steel
- Smoking hole in chest Mutation (specify if known) _____

What is the minimum post-interrogation level of functionality desired for the subject?

- No lasting damage Mild abrasions Brainscrub He's got more clones, right?



+++ Citizen Interrogation Receipt +++

Attention citizen: This receipt states that you or a previous clone of you (SUBJECT) has been taken by Internal Security to assist with enquiries. If SUBJECT intends to make a claim for damages (Form 329-34), claim for undue happiness adjustment (Form 432-A) or claim for unwarranted termination (Form 491-CA), you must present this receipt along with the requisite form. Forms can be obtained by sending this receipt to the IntSec Central Customer Complaints Processing Department for your sector. Failure to produce this receipt on demand by a duly appointed Internal Security officer or agent is treason.

SUBJECT Name: _____ - ____ - ____ 1 2 3 4 5 6

SUBJECT STATUS

- | | |
|---|---|
| <input type="checkbox"/> Assisting with inquiries | <input type="checkbox"/> Taken for interview |
| <input type="checkbox"/> Arrested as suspect in crime | <input type="checkbox"/> Taken for interrogation |
| <input type="checkbox"/> Arrested as victim of crime | <input type="checkbox"/> Taken for forensic testing |
| <input type="checkbox"/> Arrested as perpetrator of crime | <input type="checkbox"/> Taken for other purposes |
| <input type="checkbox"/> Unperson | <input type="checkbox"/> Other |

At the time SUBJECT was obtained, the following facts are asserted to have been true for all purposes relating to Internal Security's interaction with SUBJECT.

- | | |
|--|--|
| <input type="checkbox"/> Subject in good health | <input type="checkbox"/> Subject was below hygiene standards |
| <input type="checkbox"/> Subject injured | <input type="checkbox"/> Subject unhappy |
| <input type="checkbox"/> Subject acting irrationally | <input type="checkbox"/> Other: _____ |

Possessions of SUBJECT:

TREASONOUS or ILLEGAL possessions of SUBJECT:

SUBJECT credit balance: [_____]. Note that processing fees, operating costs, sundry fines, credit adjustments, credit licensing and other deductions may affect credit balance. Credit balance is for advisory purposes only.

SUBJECT SHIPPING AND HANDLING

- | | |
|---|--|
| <input type="checkbox"/> Body bag | <input type="checkbox"/> Small box |
| <input type="checkbox"/> Carbonite restraints | <input type="checkbox"/> Handcuffs |
| <input type="checkbox"/> Manacles | <input type="checkbox"/> Brain clamp |
| <input type="checkbox"/> SecuriCar | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Biohazard | <input type="checkbox"/> Viral Thought Pattern |
| <input type="checkbox"/> Other _____ | |

Disclaimer: Internal Security will make every effort to return SUBJECT in the same state as SUBJECT was obtained. Due to [] processing requirements [] time constraints [] unavoidable damage [] sabotage [] SUBJECT's own actions [] SUBJECT's refusal to co-operate [] other this may not be feasible. The safety security of Alpha Complex and The Computer takes precedence over the safety and security of any individual citizen, and The Computer expects that each citizen will do his part in ensuring the continuity of Alpha Complex and the War on Communism. Failure to do so is treason.

SecuriCar Requisition Request

Name: _____ - ____ - _____ 1 2 3 4 5 6

Are you the Designated Driver? YES

If not, name the Designated Driver. The Designated Driver is responsible for the vehicle's safety and maintenance.

_____ - ____ - _____

This mission will involve (tick any that apply. Failure to indicate mission content will be taken into account when determining final fees or other consequences):

- | | |
|--|---|
| <input type="checkbox"/> High Speed Chases | <input type="checkbox"/> Vehicle Combat |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Sewers |
| <input type="checkbox"/> Outdoor Operations | <input type="checkbox"/> Rogue bots |
| <input type="checkbox"/> Transtube 13 | <input type="checkbox"/> Anti-vehicle weapons |
| <input type="checkbox"/> Other Hazards (specify) _____ | |

For each hazard selected, a deposit of 1,000 Credits is required. I agree that this should be debited from

My Account The Designated Driver's Account Lead Trooper's Account

Optional Extras

- | | |
|---|--|
| <input type="checkbox"/> Fuzzy Dice | <input type="checkbox"/> Personalised Keychain |
| <input type="checkbox"/> Armoured compartment | <input type="checkbox"/> Ejector seats |
| <input type="checkbox"/> Heavy Weapons | <input type="checkbox"/> Anti-Missile System |
| <input type="checkbox"/> Improved Bot Brain | <input type="checkbox"/> Bugging Device |

FOR OFFICIAL USE ONLY:

Requisition Index # [_____]

AB1 QA4 32A

SecuriCar Damage Report

1. State your name. _____ - ____ - _____

2. SecuriCar Requisition Index # [_____]

3. Which of the following systems were damaged?

- | | | | |
|------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Chassis | <input type="checkbox"/> Transtube Connector | <input type="checkbox"/> Motor | <input type="checkbox"/> Reactor |
| <input type="checkbox"/> Dashboard | <input type="checkbox"/> Gearshift | <input type="checkbox"/> Airbag | <input type="checkbox"/> Sickbag |
| <input type="checkbox"/> Bot brain | <input type="checkbox"/> Brakes | <input type="checkbox"/> Weapons | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Navigation | <input type="checkbox"/> Other |

4. What was the cause of this damage?

5. Who else was in the vehicle when it was damaged?

6. Who would you judge to be the most responsible for this damage?

7. Could this damage have been prevented? If not, explain why not? If so, explain why you failed to prevent it.

7. How did the Community Liaison Officer behave?

Adequately Quite Adequately Average Good

Please list all the citizens the Community Liaison Officer liaised with. Would you say all his dealings were entirely professional? Did his behaviour ever strike you as suspicious? Could any or all of these liaisons have been cover for treasonous conspiracies? If so, why did you not intervene?

8. Did the Interrogation & Thought Control Officer

Interrogate You? Control your Thoughts?

If you ticked either of the above boxes, please explain what treasons you committed that required his intervention.

If you did not tick either of the above boxes, then would you support the proposition that any treason you commit is partly the fault of the Interrogation & Thought Control Officer for failing to ensure proper mental hygiene? Bearing this proposition in mind, are there are treasonous acts that you would like to confess at this point? Are you sure? Are you sure? Are you sure?

9. Do you feel the Surveillance & Forensics Officer's input was

Vital Valuable Variable Vile Voluntary

Was the Forensic Scrubbot useful? YES SOMEWHAT I DON'T KNOW

10. Please Rate Your Fellow Troopers from 1 to 5, where 1 is 'not very satisfied' and 5 is 'very satisfied'.



Clone Budget Review Request

Complete this form **ONLY** if:

- You were killed in action and believe you were unfairly denied a clone budget replacement by your Lead Trooper
- You were Lead Trooper when you were killed in action and believe you were unfairly denied a clone budget replacement by your Team
- Instructed to do so by senior Internal Security personnel
- Instructed to do so by a CPU Life Worth Review and Contribution Assessment Panel

State your name: _____ - ____ - _____ 1 2 3 4 5 6

State the number of the clone for which you are requesting a review: 1 2 3 4 5 6

Describe the situation in which you were killed. Feel free to use diagrams, photographs, models, dioramas, mime or other media for the purposes of clarification. Attach any recordings, supporting evidence, biological samples or witness testimonies available. Be as precise and verbose as necessary. Use additional paper as required.

- I warrant that the above testimony is wholly true and accurate
 I give permission for the above testimony to be entered into the official record
 I give permission for the above testimony to be entered into *Alpha Complex's Funniest Deaths Caught on Camera*

BONUS QUALITY CARE QUESTION: Please tick any thanatotic phenomena you experienced.

- | | | |
|--|---|--|
| <input type="checkbox"/> Coldness | <input type="checkbox"/> Burning sensation in chest or back | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Tunnel of light | <input type="checkbox"/> Smell of sulphur | <input type="checkbox"/> Smell of burning |
| <input type="checkbox"/> Metallic taste | <input type="checkbox"/> Oblivion | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Feeling of falling or flying | <input type="checkbox"/> Desire for Cold Fun |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Voices other than Clone Techs | <input type="checkbox"/> Desire for revenge |

Why do you think you were denied access to the clone budget? Tick all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Bad Karma | <input type="checkbox"/> Treason (mine) | <input type="checkbox"/> Treason (team-mate(s)) |
| <input type="checkbox"/> Failure to bribe L.T | <input type="checkbox"/> Death not actually in line of duty | <input type="checkbox"/> Clerical error |
| <input type="checkbox"/> Sabotage | <input type="checkbox"/> Treason (undefined) | <input type="checkbox"/> Seemed happy to die |
| <input type="checkbox"/> Other (specify) _____ | | |

Note: Processing time for this form is equal to the cube of the length of your testimony in Standard Processing Time Work Units. In the event that you do not receive a communication informing you of the result of your request within this time frame, please resubmit the form.



Incident Report Form

This form is to be completed and filed with The Computer following the resolution of an incident. Please see standard operating procedures for the definition of 'Incident'.

Incident Name [_____]

Suggestions: The _____ disaster, Case _____ COLOUR, Attack of the _____, COLOUR _____ Boogie.

[] Tick this box if the incident is never to be referred to by name, under penalty of termination.

Describe the cause of the incident: _____

Who, in your judgement, is most to blame for the incident? Why? _____

Did the incident result in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Megadeaths > 5,000 | <input type="checkbox"/> Unscheduled Fissile Surplus | <input type="checkbox"/> End of the World |
| <input type="checkbox"/> Mass unhappiness | <input type="checkbox"/> Permanent structural damage | <input type="checkbox"/> Looting and cannibalism |
| <input type="checkbox"/> Viral Thoughts | <input type="checkbox"/> Mass Citizen Erasure | <input type="checkbox"/> Damage to memory banks |
| <input type="checkbox"/> Unhistory | <input type="checkbox"/> Unscheduled Reality Excursion | <input type="checkbox"/> Other (specify) |

Describe the steps taken to ensure the incident will not recur: _____

If the incident recurs, what should be done?

- | | | |
|--|---|--|
| <input type="checkbox"/> Contact High Programmer | <input type="checkbox"/> Repeat previous solution | <input type="checkbox"/> Panic |
| <input type="checkbox"/> Incident cannot recur | <input type="checkbox"/> Kill it with fire | <input type="checkbox"/> Initiate purge sequence |

Unapproved Thought Request

By submitting this form, you enter into The Computer a request for a non-standard thought pattern or unmedicated emotional state. Note that until this form is both *processed* and *approved*, you are not permitted to enter any non-standard thought patterns or unmedicated emotional states. Experiencing a non-standard thought pattern or unmedicated emotional state is treason.

1. Describe the Thought Pattern you intend to experience.

2. Which of the following Approved Thought Patterns is the closest to your desired Thought Pattern?

- | | | | | |
|---|-------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confused | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Hating Commies | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Fuzzy | <input type="checkbox"/> Hungry | <input type="checkbox"/> Too much B3 | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Very Happy |
| <input type="checkbox"/> Not that happy | <input type="checkbox"/> Like toast | <input type="checkbox"/> Looking at something yellow | | <input type="checkbox"/> Communal joy |

3. Why do you need to experience this Thought Pattern?

4. Will experiencing this Thought Pattern improve your ability to serve The Computer? Explain how.

5. What do you need to experience this thought pattern?

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