

Polygraph Referral Form

Exam No. _____

Today's Date: _____

Identifying Information

Name: _____

D.O.B.: _____

SSN: _____ Driver License: _____

Therapist or Treatment Coordinator and Agency: _____

Probation or Parole Officer and County or District: _____

Caseworker or Case Manager and County or District: _____

Offense/Conviction Data

Date or time period of offense: _____

Victim/s name/s and age/s: _____

Date of arrest: _____

Date of conviction: _____

Date of sentencing: _____

Charge or Conviction: _____

Sentencing Judge or Magistrate: _____

Date of release (to probation or parole): _____

List any sanctions or revocations while on probation/parole (include dates): _____

Date of entering treatment: _____

List any unsuccessful terminations or transfers while in treatment: _____

Anticipated date of discharge from treatment: _____

Anticipated date of termination from probation/parole: _____

Other offenses

List any other arrests or convictions (include date, county, and offense) of any type that have occurred before or after the current offense: _____

Polygraph History

Date of last polygraph: _____ Taken with whom: _____

Results: (circle) NON-DECEPTIVE DECEPTIVE INCONCLUSIVE UNRESOLVED OTHER

Reasons/explanation: _____

Have you passed a sexual history polygraph? YES / NO Date/Examiner? _____

How many polygraph examinations have you taken (total): _____

Signature/date: _____