

Dalhousie Polygraph Services, Inc.

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Polygraph Referral Form

Examination requested by: <input type="checkbox"/> Agent <input type="checkbox"/> Treatment Provider (Through Agent)	Offender Last Name: _____ First: _____ Middle _____ Offender DOC #: _____
Name of Current Treatment Provider: _____ Agency _____ Phone: () _____ Mailing Address: _____ _____ <input type="checkbox"/> N/A	Offender's Current Conviction(s): (Include statute # and offense name) _____ _____ _____ _____
Probation/Parole Agent Name: _____ Area #: _____ Phone: () _____ Mailing Address: _____ _____	Offender's Status: <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Other _____ Date placed on probation/released on parole: _____ Date of last Clinical Polygraph Examination: _____

I am referring the above offender for ONE of the following clinical polygraph examinations:

Disclosure over the instant offense

This test covers the instant offense(s). Agent must provide the police report, criminal complaint, or other documentation which contains exact information about the offense, including statements made by the victim(s) and/or complaining witness(es).

Disclosure over sexual history

This test covers the sexual history only. It does not include the instant offense, or any post-conviction acts/behaviors. A sexual history completed by the offender and approved by the treatment provider, needs to be submitted to the polygraph examiner before the examination.

Monitoring examination

This test covers any illegal sexual behavior. The period covered can be since the beginning of supervision, since the last polygraph examination, or a variation.

The required time frame for this examination is: _____

Maintenance examination (please specify focus by circling-supervision or treatment issue)

This test covers probation/parole issues and treatment issues during the current period of supervision. If probation/parole rules violations are to be tested, a copy of the offender's supervision rules needs to be provided to the examiner.

The required time frame for this examination is: _____

Additional Information:

Referring Agent's signature: _____

Date: _____