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**JONES COUNTY OFFICE**   
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Belle Plaine, Iowa 52208  
(319) 560-9198

# Sixth Judicial District Department of Correctional Services

## CVSA WAIVER

I, \_\_\_\_\_ agree to submit to a computer voice stress analyzer for the purpose of resolving the issue of:

Further, I have been advised of my constitutional rights as follows:

1. I have the right to remain silent. Anything that I say can be used for or against me in a court of law.
2. I can talk with any attorney before this examination or before answering any questions. If I have an attorney and want to talk with him/ her, I can contact him/ her before I answer any questions. I can have an attorney present prior to instrumentation.
3. I have read, or had read to me the above. I fully understand my constitutional rights, and I wish to waive those rights and answer the questions asked of me during the CVSA examination.
4. I understand the above listed rights apply to the pre-test questioning, CVSA instrumentation questions, and the post-test questioning. I understand the CVSA test procedure starts when I enter the examination room and ends when I leave the room and applies to all of the questions asked while I am here. I understand all of the rights and wish to take this CVSA examination and answer all the questions asked of me during the procedure.

I understand that the CVSA Examiner will release the results of my examination to: Any DCS staff, group facilitator(s), treatment provider(s), and law enforcement/ criminal justice agency if deemed necessary.

I do hereby release and forever hold harmless the CVSA examiner from any and all claims of liability relating to or arising out of the operation of the CVSA or the use of the results obtained therefrom.

**I have read, or had read to me, this form and I understand its content.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness: \_\_\_\_\_

For Public Information Only