



SIXTH JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES

POLYGRAPH EXAMINATION REFERRAL FORM

To Be Completed by Supervising Agent

Client: _____

Crime of Conviction: _____

Date of Incarceration: _____

In Treatment: Yes _____ No _____ Start Date: _____

Criminal History: (circle one) MINIMAL MODERATE EXTENSIVE
(Is this first offense, repeat offense, does offender have other criminal offenses in addition to sexual offense?)

Known Sexual Victims:

Examination Type: Maintenance * Specific Issue Sexual History
* (Please note whether specific issues is denial of offense of alleged PB/PA/Treatment violation)

Special Concerns:

Supervising Agent: _____ **Date of last test:** _____

Health Problems: _____

Medications: _____

Date Scheduled for Exam _____

For Public Information Only