

**RONALD RUSSELL POLYGRAPH SERVICE  
CLINICAL POLYGRAPH REFERRAL FORM**

TODAY'S DATE: \_\_\_\_\_

PROBATIONER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

INSTANT OFFENSE: \_\_\_\_\_ COURT/DPO # : \_\_\_\_\_

SUPERVISION OFFICER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TREATMENT PROVIDER: \_\_\_\_\_ DEADLINE DATE: \_\_\_\_\_

<b>TYPE OF EXAM REQUESTED (CHECK ONE):</b>	
<input type="checkbox"/> <b><u>INSTANT OFFENSE EXAM:</u></b> Covers original offense if offender is in either full or partial denial over case facts. Please send case information, offense summary, or victim statement to examiner prior to the examination.	<input type="checkbox"/> <b><u>MONITORING EXAM:</u></b> Covers any re-offending behavior and sexual conduct while on supervision. Please specify time frame i.e. since being on supervision, in the last 12 months, since last exam.....
<input type="checkbox"/> <b><u>SEXUAL HISTORY:</u></b> If offender admits to instant offense, this exam covers sexual events prior to supervision (focuses on prior victims before). Primarily used by LSOTP to facilitate treatment of the offender.	<input type="checkbox"/> <b><u>MAINTENANCE EXAM:</u></b> This exam focuses on rule violations and compliance with treatment requirements such as use of alcohol, drugs, pornography, contact with minors, contact with victim etc. Please inform examiner of issues of concern before exam.
<b>COMMENTS/TIME FRAME/APPOINTMENT DATE:</b>   	

I authorize the exchange of information between \_\_\_\_\_ and Polygraph Examiner Ronald Russell to include any pertinent information from my supervision file or treatment records for purposes of conducting polygraph examination.

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervision Officer

\_\_\_\_\_  
Date

**RONALD RUSSELL POLYGRAPH SERVICE PH. NUMBER: 713-694-3381  
PLEASE FAX THIS FORM AND ANY CASE INFORMATION TO: 713-694-3382**