**SEX OFFENDER MANAGEMENT PROGRAM POLYGRAPH REFERRAL FORM**

|  |  |  |
| --- | --- | --- |
| **Offender Name:** | **DOB:** | **Offender Number:** |
| **Staffing Date:** | **Polygraph Date:** | **Date Notified of Polygraph Exam:** |
| **Supervising PO:** | **SOTXP:** | **Supervision Expiration or Release Date:** |
| **Current Offense(s):** | | **Supervision Team Present:** |

**Previous Polygraph Results (Date – Type – Result)**

|  |  |  |
| --- | --- | --- |
| Click or tap to enter a date. | Choose an item. | Choose an item. |
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| Click or tap to enter a date. | Choose an item. | Choose an item. |
| Click or tap to enter a date. | Choose an item. | Choose an item. |

**Presenting Issues:** Click or tap here to enter text.

**Intervening Enhanced Supervision / Incentives since last polygraph:** Click or tap here to enter text.

**Relevant Supervision conditions:** Click or tap here to enter text.

**Relevant Treatment conditions:** Click or tap here to enter text.

**Community Supervision Team Recommendations for Polygraph**

**Polygraph Type:** Choose an item. (if retest attach poly)

**Suggested Polygraph Questions:**

**1)** Click or tap here to enter text.

**2)** Click or tap here to enter text.

**3)** Click or tap here to enter text.

**4)** Click or tap here to enter text.

**Community Supervision Team Recommendations in general:**

Click here to enter details