

Date

Name

Address 1

City, State ZipCode

Dear _____ :

You have been scheduled for a polygraph test on Date at Time at Location.

You are required to appear for this appointment and bring with you \$0.00, in the form of cash, cashier's check, or money order. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** Failure to report for this appointment could result in a violation process. Additionally, if you fail to report for your scheduled polygraph, you will be charged \$0.00 to reschedule. Cancellation requests must be received by your case manager at least 24 hours in advance. Voice messages are **not accepted** to request a cancellation.

Polygraph Rules and Expectations:

1. It is your responsibility to arrive on time and be prepared to undergo polygraph testing.
2. Do not consume any mind/mood altering substances 24 hours prior to your test date, to include marijuana.
3. Continue to take all medications prescribed by a physician.
4. Comply with all instructions given by the polygraph examiner.

Sincerely,

Case manager
Community Corrections Officer
Location/facility
Address
City, WA ZipCode
Telephone () -

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Individual being tested **COPY** - Polygraph examiner, Electronic file