



JUVENILE REHABILITATION ADMINISTRATION
POLYGRAPH NOTIFICATION

TODAY'S DATE

It is my understanding that a polygraph exam is used as a treatment tool to help identify my sexual offense history, encourage me to take responsibility for my offense(s), and to help monitor and supervise my day-to-day behavior specific to my treatment plan. The results of the polygraph exam, combined with other information, will be used to determine and modify treatment plans.

I understand that during the examination, I must be as honest as possible. It is important that I disclose all information. I also understand that I may limit what I say in order to protect myself from new charges or civil commitment.

I have also been informed that the Washington State Law (R.C.W. 26.44.030) requires that any previously unreported disclosure of abuse and neglect must be reported to Protective Services and/or the appropriate law enforcement agencies. JRA policy further requires that any previously unreported disclosures of violent crimes must be reported to law enforcement based on what I say, the seriousness of the crime, as well as the statute of limitations.

I have read and understand this notification. If I am unable to read this, I acknowledge that this has been read to me and that I understand the notification.

YOUTH'S NAME

YOUTH'S SIGNATURE

COUNSELOR/WITNESS

POLYGRAPHER SIGNATURE

TODAY'S DATE

Original copy to Legal File, copy to Youth and Polygrapher