

## Polygraph Examination Interview Form

DATE/TIME INTERVIEW BEGAN \_\_\_\_\_ ENDED \_\_\_\_\_

I, the undersigned examinee, do, of my own volition, free from any duress, coercion, threats, inducements, or promises of immunity, consent and agree to submit to an interview and verification examination utilizing a polygraph. I further consent and agree to the placing of the required apparatus, cuffs, and devices on the appropriate places on my person.

The undersigned examiner has thoroughly explained the nature of the interview and the verification procedure to my satisfaction and understanding and has provided me with a copy of the Polygraph Bill of Rights as follows:

I have the right to know the nature of the examination, and I may terminate the examination at any time. The examiner may not ask any question during the examination that is not in writing and has not been reviewed prior to the examination exactly as it will be asked. The examiner will not render a verbal or written opinion based on chart analysis until I, the examinee, have had a reasonable opportunity to explain any reaction to the pertinent questions. I understand that a minimum of two charts will be required for the examiner to render an opinion, unless I, the examinee, refuse to submit to the second examination. Moreover, unless previously agreed to, the examiner may not ask any questions concerning sexual behavior or which may reasonably be construed as being sexually oriented nor may the examiner ask questions before, during, or after the examination concerning religious, racial, labor, or political beliefs or affiliations unless previously agreed to and made part of the examination. I, the examinee, have the right to know the results of the examination and, upon written request, will be provided with copies of any written opinions rendered as a result of the examination.

I understand that the taking of a polygraph examination is a voluntary act, and I have specific legal rights under the Polygraph Examiner's Act. (59 O.S., Sec. 1451 et. seq.) If I feel any of my rights have been violated, I may notify the Oklahoma Board of Polygraph Examiners, P.O. Box 11476-Cimarron Station, Oklahoma City, OK 73111, (405) 425-2750.

I hereby release and hold harmless the Oklahoma Department of Corrections, its agents, employees, and officers from any and all liability arising from or resulting from any personal injuries sustained while placing the necessary apparatus or devices on my person and, further, from any unwarranted or unofficial disclosure of any information obtained or any opinion as to deception that may be rendered pursuant to the examination. The manner and use of the results of the examination is solely within the discretion of the Oklahoma Department of Corrections for official purposes only. I presently know of no physical or mental impairment, which could prevent me from executing this form and taking the examination. A copy of this form will be provided to me upon request.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Examiner)

\_\_\_\_\_  
(Witness)

(R 04/21)