

**Raymond Nelson, MA, NCC**

*P.O. Box 213*

*Denver, CO 80201-0213*

*(303) 587-0599 / Fax: (720) 554-7677*

---

**POLYGRAPH QUESTION REQUEST**

**IDENTIFYING INFORMATION:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Therapist or Treatment Coordinator and Agency: \_\_\_\_\_  
\_\_\_\_\_

Probation or Parole Officer and County or District: \_\_\_\_\_  
\_\_\_\_\_

Caseworker or Case Manager and County or District: \_\_\_\_\_  
\_\_\_\_\_

**TARGET QUESTIONS / AREAS OF CONCERN:**

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL AREAS OF CONCERN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward copies (fax or mail) of previous polygraph examination reports, In addition to copies of arrest reports, victim statements, presentence investigation reports, and psychosexual evaluation reports.

Indicate total number of pages being sent (including this page) \_\_\_\_\_