

POLYGRAPH EXAMINATION REQUEST AND PAYMENT AUTHORIZATION



CLIENT PAYEE INFORMATION - PERSON REQUESTING AND PAYING FOR POLYGRAPH EXAMINATION

Client Name Company Name

Street Billing Address Apt/Suite No.

City State Zip Code

Contact Tel No. E-Mail Address

EXAMINEE INFORMATION - PERSON TAKING POLYGRAPH EXAMINATION

Requesting Polygraph Examination For (Full Name of Examinee)

Client Relationship to Examinee Self Family/Relative Attorney Therapist Current Employer Prospective Employer/Applicant

Government Agency Police Department Investigative Agency Other

POLYGRAPH EXAMINATION DATE - TIME - COST

Examination Date Examination Time AM PM Total Examination Cost \$

PAYMENT INFORMATION

Paying by Visa MasterCard American Express Discover Bank Debit Card Government Billing Account

You must still provide credit card information to guarantee the examination appointment reservation if paying by Cashier Check or Cash

Cashier Check (Law Firms Only) Cash - Cash Amount Paid To and Received by CPS \$

Cash Amount Paid Valid Only With Confirmation Stamp

Credit Card Account Number Expiration Date

Verification Last 3 Digit Numbers on Back of Credit Card (Visa/MC/Discover) or 4 Digit Numbers on Front of Card (Amex)

Purchase Order/Authorization/Miscellaneous Note:

TERMS AND CONDITIONS - PLEASE READ CAREFULLY BEFORE SIGNING

By signing this Polygraph Examination Request and Payment Authorization Form, I fully authorize Central Polygraph Service Limited to charge my above credit card account in the above stated total examination cost amount for a polygraph examination and agree to all terms and conditions for credit card authorizations and sales. I also agree not to charge back Central Polygraph Service Limited or to dispute this credit card charge with my issuing credit card company or bank regardless of the outcome, results and or opinions rendered by Central Polygraph Service Limited and or any of its officers, employees and or examiners in relation to the polygraph examination. I fully understand that in the event I or the examinee cancel the polygraph examination appointment less than 48 hours prior to the stated examination date and time, 100% of the above total examination cost will be charged to my credit card. I also fully understand that if the examinee fails to appear for the polygraph examination on the stated examination date and time, 100% of the above total examination cost will be charged to my credit card. I also fully understand that once the appointment session has begun, the above total examination cost is non-refundable regardless of the final results and or opinions rendered or of the early termination of the examination process by either the client, examinee and or examiner. I do hereby RELEASE, WAIVE, FOREVER DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm Central Polygraph Service Limited and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from requesting, paying for and or taking this polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS Central Polygraph Service Limited and any of its Examiners, officers and or employees from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF Central Polygraph Service Limited and any of its Examiners, officers and or employees.

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Client _____ Signature of Client _____ Date _____ Time _____

CONSENT TO POLYGRAPH EXAMINATION



I, _____, do voluntarily, without threats, promises of immunity or reward and without duress, coercion, or force agree to take a polygraph examination (lie detector test) to be given to me by any Examiner of Central Polygraph Service Ltd. (hereinafter referred to as CPS) for the mutual benefit of myself, CPS and _____.

NAME OF INDIVIDUAL(S), COMPANY OR AGENCY REQUESTING POLYGRAPH EXAMINATION AND AUTHORIZED TO RECEIVE WRITTEN REPORT AND RESULTS

I fully realize that I am not required to take this examination and that I have the right to consult an attorney or anyone else I wish to, before taking this examination or signing this form. I hereby voluntarily request and authorize any Examiner conducting this polygraph examination, CPS and any of its officers and I consent to the use of both electronic audio and video recording devices during the entire interview, pre-test, examination and post-test process. The examiner has my permission and consent to ask me such questions during the pre-examination interview, on the actual examination and during any possible post-examination interview as he deems necessary to verify my past work record, criminal record, financial condition, military service, basic honesty and integrity, medical background and any other area that is pertinent to this examination. I voluntarily authorize the Examiner to give me a polygraph examination and hereby grant permission to the Examiner to attach the blood pressure cuff, electrodermal activity sensors, pneumographs and any other sensors needed to conduct the polygraph examination test to or on my body.

I do hereby specifically waive any and all rights of privacy that I have or may have with reference to the taking of the examination and the making known the results and the Examiner's opinion arising therefrom. I do hereby authorize CPS, its officers, employees and any other Examiners to release the recordings of the exam and to disclose both orally and in writing the results and opinions of the Examiner to any and all interested persons or parties.

I understand and realize that the examination results, written report and or opinions of the Examiner may prove very unfavorable to me. In consideration of, and as an inducement for CPS and any of its Examiners, officers and or employees, I do hereby RELEASE, WAIVE, DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm, liability or damage to me as a consequence of the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion, CPS, together with its Examiners, officers and or employees and _____ who may use the results, recordings and Examiner's opinions.

NAME OF INDIVIDUAL(S), COMPANY OR AGENCY REQUESTING POLYGRAPH EXAMINATION AND AUTHORIZED TO RECEIVE WRITTEN REPORT AND RESULTS

I do hereby RELEASE, WAIVE and FOREVER DISCHARGE CPS and any of its Examiners, officers and or employees and all and each of the above named individuals, firms and corporations from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from taking the polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by any of the named parties because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS CPS and any of its Examiners, officers and or employees and all and each of the above named individuals, firms and corporations from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF CPS and any of its Examiners, officers and or employees or any and of the above named individuals, firms and corporations.

As further consideration and inducement for CPS to conduct this examination I represent that I am in good physical and mental condition, am not pregnant and I know of no physical or mental ailment or condition, including pregnancy, which might be impaired by this examination. I also understand that the questions to be asked of me will be known to me before the polygraph examination begins and that I have the privilege and right to refuse to answer any questions and or to stop the interview and or examination at any time I desire. I am aware that this examination is strictly voluntary and that I can not be forced to take this polygraph examination. The polygraph examination charts and the audio and video recordings are and will permanently remain the property of CPS and are never released. In accordance with Illinois law, I have the right to request a copy of the written report of the results of the examination (fee required and request MUST be submitted in writing via postal or courier service).

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Examinee

Signature of Examinee

Date

Time

Print Name of Client or Witness (If Present)

Signature of Client or Witness (If Present)

Date

Time

IF EXAMINEE IS UNDER 18 YEARS OF AGE:

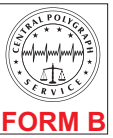
Print Name of Legal Guardian or Parent

Signature of Legal Guardian or Parent

Date

Time

PRE POLYGRAPH EXAMINATION POLICY



The polygraph examination test results and examiner's opinion may range from the following: No Significant Reactions/No Deception Indicated (The examinee has told the truth), Significant Reactions/Deception Indicated (The examinee has not told the entire truth), Inconclusive/No Opinion Formulated (Inconsistent physiological reactions by the examinee) or Purposeful Non-Cooperation (The examinee has not fully cooperated 100% during the examination process).

Both the examinee and client(s) are expected and required to behave and conduct themselves appropriately and professionally from the time they arrive until the time they depart 1 Northfield Plaza. Any type of threatening or aggressive behaviors, intimidation, shouting or yelling, criminal conduct of any kind, harassment, or any type of behaviors deemed inappropriate, unprofessional or unlawful, will be grounds for immediate ejection from 1 Northfield Plaza and will be immediately turned over to Police Law Enforcement. The examinee and or client may not agree with part or the entire polygraph examination test results and or opinions rendered by the examiner. Knowing this fact, the undersigned acknowledges that any threatening or aggressive behaviors, intimidation, shouting or yelling, criminal conduct of any kind, harassment, or any type of behaviors deemed inappropriate, unprofessional or unlawful will be immediately turned over to Police Law Enforcement and will be vigorously prosecuted to the fullest extent of the law. A criminal complaint and a civil lawsuit will be immediately filed against any individual who engages in making slanderous, defamation of character or false statements about any examiner and or any CPS employee, whether verbally, in writing and or on-line.

The examinee is expected and required to cooperate fully with the examiner during the entire polygraph examination process. Manipulations by the examinee during the actual testing process such as manipulative breathing, burping, sneezing, coughing, facial contortions, swallowing, sniffing, falling asleep, ejecting bodily fluids towards the examiner's direction or body, or any excessive or unusual physical body movements or any general lack of cooperation will be grounds for immediate termination of the testing process and ejection from the testing room and 1 Northfield Plaza.

The examination process begins from the appointment start time in our office and ends with either the verbal presentation of the polygraph examination test results in our office or via written report sent via postal or courier service. No additional phone consultations and or any other services are included in the examination fee following the examination process in our office. Knowing this fact, the undersigned acknowledges that any communication received by Central Polygraph Service Ltd. or any of its Examiners, officers and or employees following the examination process in our office from either the client, the examinee or any third party inquiring on behalf of either the client or examinee will be either automatically billed to the client's credit card on file used to pay for or reserve the polygraph examination or invoiced at an hourly rate of \$450.00 in minimum 15-minute increments (\$112.50 for every 15 minutes or fraction thereof on the phone). Any other consultations (in person, phone, mail, fax or via email), subpoena responses, compliance with subpoenas, interviews, court appearances and or any other services will be billed at an hourly rate of \$450. The total examination cost is non-refundable for cancellations received less than 48 hours prior to the scheduled test time, missed appointments or if the examinee and or client arrive after their scheduled appointment time. The total examination cost is non-refundable regardless of the early termination of the examination process by either the client, examinee and or examiner for any reason.

In consideration of, and as an inducement for CPS and any of its Examiners, officers and or employees, I do hereby RELEASE, WAIVE, DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm, liability or damage to me as a consequence of the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion, CPS, together with its Examiners, officers and or employees. I do hereby RELEASE, WAIVE and FOREVER DISCHARGE CPS and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from the polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee, client or anyone else because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS CPS and any of its Examiners, officers and or employees from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF CPS and any of its Examiners, officers and or employees.

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Examinee

Signature of Examinee

Date

Time

Print Name of Client or Witness (If Present)

Signature of Client or Witness (If Present)

Date

Time

IF EXAMINEE IS UNDER 18 YEARS OF AGE:

Print Name of Legal Guardian or Parent

Signature of Legal Guardian or Parent

Date

Time

WRITTEN REPORT PREFERENCE



I/We the undersigned, request the following in regards to the polygraph examination test results written report:

PLEASE SELECT ONE OPTION:

DO NOT SEND THE POLYGRAPH EXAMINATION TEST RESULTS WRITTEN REPORT TO ANY INDIVIDUAL OR ENTITY

I/WE WILL TAKE THE POLYGRAPH EXAMINATION TEST RESULTS WRITTEN REPORT IMMEDIATELY AFTER THE TEST IN THE OFFICE

PLEASE SEND THE POLYGRAPH EXAMINATION TEST RESULTS WRITTEN REPORT TO THE BELOW INDIVIDUAL(S) OR ENTITIES:

Via E-Mail in PDF Format

Via USPS Regular Mail

Via USPS Priority Mail (Signature Required)

Company Name(s): _____

Individual Name(s): _____

E-Mail Address: _____ Requested PDF Password: _____

Street Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

In consideration of, and as an inducement for CPS and any of its Examiners, officers and or employees, I do hereby RELEASE, WAIVE, DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm, liability or damage to me as a consequence of the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion, CPS, together with its Examiners, officers and or employees. I do hereby RELEASE, WAIVE and FOREVER DISCHARGE CPS and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from the polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee, client or anyone else because of the polygraph examination. I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Examinee

Signature of Examinee

Date

Time

Print Name of Client or Witness (If Present)

Signature of Client or Witness (If Present)

Date

Time

IF EXAMINEE IS UNDER 18 YEARS OF AGE:

Print Name of Legal Guardian or Parent

Signature of Legal Guardian or Parent

Date

Time