



**CRIME LABORATORY**  
Camp BGen Rafael T Crame, Quezon City

**Title: Polygraph Request Form**

Type:	Form
Document No.	CLF-POL-01
Revision No.	9
Effectivity Date	November 15, 2019

**The Director**

Crime Laboratory, Camp BGen Rafael T. Crame, Quezon City

**Attn: Chief, Polygraphy Division**

Sir,

Respectfully request your good office to conduct Polygraph Examination on the following persons, to wit: (Name of Examinee/s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*(If more than four (4) examinees, pls. refer to the original request)*

**Purpose of Polygraph Examination:**

- For Investigation     For Insurance Claims     For Employment     Others, pls. specify \_\_\_\_\_

**This case was first referred to:**

- PNP CL     NBI     Polygraph Private Company    Remarks: \_\_\_\_\_

**A. Documents Submitted:**

- Investigation Report  
 Sworn Statement of Complainant  
 Sworn Statement of Examinee/s

**Other Requirements Needed:**

- Affidavit of Consent  
 Accomplished Examinee Suitability Info Sheet  
 Bring before \_\_\_\_\_

**B. Schedule of Examination: 8:00AM**

**C. Cancellation of Examination can be made thru:**

- Personal Appearance     Letter of Cancellation     Email ([polygraph2000@yahoo.com](mailto:polygraph2000@yahoo.com))

**D. Release of Reports will be three (3) days after the date of examination of the last Examinee**

**Requirements for the release of Polygraph Report:**

- Valid ID of the Requester/Authorized Representative  
 Authorization Letter with back to back photocopy of ID of the Requester & Authorized Representative  
 PRF/Letter Request

**E. Drop Case – No letter of cancellation, call or coordination after five (5) working days of the scheduled date of examination. Failure of the examinee/s to appear on the scheduled date or no coordination has been made by the requesting party, this case will be automatically dropped and will be considered closed.**

**F. Dropped request can be called to active case upon submission of updated request.**

I certify the truthfulness of the above listed information and agree with the conditions set forth by the Polygraphy Division in the conduct of polygraph examination.

\_\_\_\_\_  
Name & Signature of Requesting Party

\_\_\_\_\_  
Name & Address of Company/Residence

\_\_\_\_\_  
Telephone/Cellphone No./Email Address