



# Cabler Polygraph, LLC

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## POLYGRAPH EXAMINATION CONSENT

Name of Attorney / Agency Requesting Exam: \_\_\_\_\_

I \_\_\_\_\_, being \_\_\_\_\_ years of age, am fully aware and understand that I am to be given a polygraph examination by Stephen D. Cabler, licensed Polygraph Specialist, licensed by the Texas Department of Licensing and Regulation. I understand that the polygraph examiner will discuss with me all aspects and subject matter upon which I will be tested during the polygraph examination. I understand that I shall be tested on the areas and subject matter discussed in the interview which precedes the actual test and I have no objection to the entire examination being recorded.

Having been fully advised and with full knowledge and understanding of all the above, I hereby voluntarily consent to this examination of my own free will and state that no duress, threats or coercion have been placed upon me to participate in this examination.

I have not been promised anything of value, reward or immunity to induce me to consent to this examination.

I understand that I have the right to stop my polygraph examination at any time I desire.

I further understand that the results of my examination will be made available to the agency or investigating officials that requested the examination.

**I ALSO UNDERSTAND THAT IF THE OBJECT OF THE EXAMINATION IS SEXUAL IN NATURE, I WILL BE ASKED QUESTIONS OF A SEXUAL NATURE THAT ARE PERTINENT TO THE EXAMINATION AND THE INVESTIGATION.**

\_\_\_\_\_  
**Examinee Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Exam Requestor / Case Number**

\_\_\_\_\_  
**Time**

\_\_\_\_\_  
**Session #**