



INDIGENCY APPROVAL FOR POLYGRAPHS

Completed by the case manager/requester

Individual under Department's supervision DOC number Date

Case manager/requester Office/facility

Supervision Type:

- Prison Board Probation Community supervision Community custody
- Other: _____

Polygraph condition: Yes No

Gross income per month: \$_____ Housing provided (e.g., living with parents, friends): Yes No

Number of family household members supported by individual (including individual): _____

Indigency level: \$_____ Amount individual pays: \$_____ Amount Department pays: \$_____

Individual in Prison - No co-payment required

Signature Telephone number Date

Community Corrections Supervisor (CCS) approval for indigency

CCS Signature Date

Acknowledgement of payment provided

Individual under Department's supervision signature Amount paid to examiner Date

Completed by polygraph scheduler

Polygraph Examiner: _____ Date polygraph scheduled: _____

- Polygraph administered
- No show, more than 24 hours' notice given
- No show, less than 24 hours' notice given
- No show, polygraph not administered due to insufficient funds

Completed by polygraph examiner

Amount paid to examiner: \$_____ Date: _____

Decision/final justification for polygraph not being conducted:

Polygraph Examiner Signature Date

Forward original with A-19-1A Invoice Voucher to Field Office

CCS approval of payment

Supervisor _____

Signature _____

Date _____

Indigency calculations for individuals supervised in the community

Makes = Household income Pays = Individual's financial responsibility

Individual with no dependents in residence

Makes	1609	1619	1629	1639	1649	1659	1669	1679	1689	1699	1709	1719	1729	1734+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

1 Dependent in residence

Makes	2209	2219	2229	2239	2249	2259	2269	2279	2289	2299	2309	2319	2329	2334+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

2 Dependents in residence

Makes	2809	2819	2829	2839	2849	2859	2869	2879	2889	2899	2909	2919	2929	2934+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

3 Dependents in residence

Makes	3409	3419	3429	3439	3449	3459	3469	3479	3489	3499	3509	3519	3529	3534+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

4 Dependents in residence

Makes	4009	4019	4029	4039	4049	4059	4069	4079	4089	4099	4109	4119	4129	4134+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

5 Dependents in residence

Makes	4609	4619	4629	4639	4649	4659	4669	4679	4689	4699	4709	4719	4729	4734+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

6 Dependents in residence

Makes	5209	5219	5229	5239	5249	5259	5269	5279	5289	5299	5309	5319	5329	5334+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

7 Dependents in residence

Makes	5809	5819	5829	5839	5849	5859	5869	5879	5889	5899	5909	5919	5929	5934+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

8 Dependents in residence

Makes	6409	6419	6429	6439	6449	6459	6469	6479	6489	6499	6509	6519	6529	6534+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

9 Dependents in residence

Makes	7009	7019	7029	7039	7049	7059	7069	7079	7089	7099	7109	7119	7129	7134+
Pays	35	50	60	75	90	100	115	130	140	155	170	180	195	200

All individuals will pay at least \$35.00 for each polygraph exam.

Individuals in households making more than the established indigency level will pay the corresponding amount.

Amount of compensation for services is set and shall not exceed contracted rate.

Example: Individual X has 4 dependents and a household income of \$4039 to \$4048. The individual pays \$75 for the polygraph exam, and the Department pays the balance. If the household income is \$4049 to \$4058, the individual pays \$90.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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