

**OFFICE OF THE MONROE COUNTY DISTRICT ATTORNEY
CRIMINAL INVESTIGATIONS DIVISION - (CONSTABLE TASK FORCE)**

610 Monroe St., Suite 126
Stroudsburg, Pennsylvania 18360
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PSYCHOLOGICAL EXAMINATION

This form is to be used by applicants seeking membership & accreditation with the Monroe County Constable Task Force.

NOTICE AND INSTRUCTIONS TO EXAMINING PSYCHOLOGIST

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PSYCHOLOGIST WHO IS LICENSED BY THE PENNSYLVANIA STATE BOARD OF PSYCHOLOGIST EXAMINERS. THIS EXAMINATION IS TO DETERMINE THE PSYCHOLOGICAL FITNESS OF THE APPLICANT TO APPROPRIATELY HANDLE A LETHAL WEAPON. A LETHAL WEAPON IS ANY FIREARM, NIGHTSTICK, BILLY CLUB, OR OTHER WEAPON CALCULATED TO PRODUCE SERIOUS BODILY HARM OR DEATH. THE APPLICANT WHO YOU ARE ABOUT TO EXAMINE IS APPLYING FOR MEMBERSHIP, SEEKING ACCREDITATION, AND WHO WILL BE VESTED WITH A POSITION OF PUBLIC TRUST. HE/SHE MAY BE REQUIRED TO EXERCISE PHYSICAL CONTROL IN A SITUATION OF HIGH PSYCHOLOGICAL AND EMOTIONAL STRESS AS AN LAW ENFORCEMENT OFFICER.

LAST NAME		FIRST NAME			MIDDLE INITIAL		
STREET ADDRESS				CITY/BORO		STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH		GENDER		DATE OF EXAM	

INTERVIEW AND HISTORY

The psychologist must individually interview the applicant and attach a separate, typed record of the individual interview that addresses at a minimum each of the areas below. Provide details and explanations of any positive findings of criminal and/or psychological history.

- PERSONAL, EDUCATIONAL, AND EMPLOYMENT HISTORIES
- MENTAL HEALTH STATUS AND HISTORY (CURRENT AND/OR PAST COUNSELING, DIAGNOSES, PSYCHOTROPIC MEDICATION USE, PSYCHIATRIC HOSPITALIZATION IN SPECIALTY OR GENERAL HOSPITAL, ETC.)
- CRIMINAL HISTORY TO INCLUDE ARREST HISTORY, INCLUDING ANY ARD OR EXPUNGED DISPOSITIONS

Failure to address all required topics will result in the return of the documentation for more information.

MMPI-2 PERSONALITY TEST (ALL SCALES REQUIRED)

Required Personality Test – The applicant shall be administered any full length, current standard form of the Minnesota Multiphasic Personality Inventory (MMPI-2 or MMPI2-RF) by the licensed psychologist or paraprofessional employed by and under the direct control and supervision of the licensed psychologist. Individual T-scores must be provided in the attached tables. Explanation must be provided in the report for any scale above 65T.

STANDARD SCALE:	?	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI	MAC
T-Score															

MMPI2 - RF

SCALE NAME	L-r	F-r	FP-r	K-r	EID	THD	BXD	RC1	RC2	RC3	RC4	RC6	RC7	RC8	RC9
T SCORE															
SCALE NAME	CNS	AGG-r	PSYC-r	DISC-r	NEGE-r	INTR-r	SUB								
T SCORE															

RELEVANT MMPI SUPPLEMENTAL SCALES

THE EXAMINING PSYCHOLOGIST SHALL DETERMINE THE APPROPRIATE SUPPLEMENTAL SCALES AND RECORD THE CHOSEN SCALES AND "T" SCORE AND SCALE NAME BELOW.

SCALE NAME															
T SCORE															

ADDITIONAL TESTING METHODS

If the licensed psychologist is unable to determine the applicant's psychological capability or risk to exercise appropriate judgment and restraint in the handling of a lethal weapon after conducting the aforesaid test, the psychologist is directed to employ whatever other psychological measuring instrument(s) and/or technique(s) deemed necessary to form his/her professional opinion.

The use of any such instrument(s) and/or technique(s) requires a full and complete typed explanation. Please complete any additional testing prior to submitting results.

PROFESSIONAL OPINION

PSYCHOLOGICALLY CAPABLE - I have examined the applicant, and it is my professional opinion that this person is **psychologically capable** of exercising appropriate judgment and restraint in the handling of a lethal weapon at this time so as not to preclude his/her membership and participation as a Law Enforcement Officer/Constable with the Monroe County District Attorney and Constable Task Force & Accreditation Program.

PSYCHOLOGICALLY AT RISK - I have examined the applicant, and it is my professional opinion that this person is **psychologically at risk** for exercising appropriate judgment and restraint in the handling of a lethal weapon at this time (please comment on reservations in report).

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the Monroe County Office of the District Attorney by the examining psychologist within 15 days of the date of examination, **even if the applicant is found psychologically at risk**, pursuant to 37 Pa. Code § 21.11(4)(iv).

SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PSYCHOLOGIST		DATE	
PSYCHOLOGIST PRINTED NAME	TELEPHONE NO.	FAX NO.	LICENSE NO.
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

RELEASE OF PSYCHOLOGICAL INFORMATION

Having applied for membership and Accreditation under the Monroe County Constable Task Force & Accreditation Program, and having duly subjected myself to a psychological examination by a licensed psychologist, as required by the Office of the District Attorney, I hereby grant release of the aforesaid information to the Monroe County Office of the District Attorney, or official designees, for purposes consistent with the application process pursuant to requirements for membership & Accreditation in the Constable Task Force, including authorizing the District Attorney or his designees to release the aforesaid information to any third party with whom his designees must consult in order to carry out their duties under the Constable Task Force or other applicable law. No other release of this information, explicit or implied, is granted at this time.

SIGNATURE – APPLICANT	DATE
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