	Bureau of Forensic Fire and Explosives Analysis Quality Forms	Prepared By: _____	Date Prepared: _____
		Title: _____	_____
Title: Testimony Evaluation: Laboratory Case Number _____ Witness _____			Page #: Page 1 of 2

The purpose of this questionnaire is to collect information to help our Bureau evaluate its service in the area of expert testimony. Please return the form so we can continue to improve our service. Should you be willing to discuss your remarks please feel free to call or email. Thank you for your assistance.

Carl Chasteen, Chief
 Bureau of Forensic Fire and Explosives Analysis
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 Phone 850-539-2705
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Date of testimony: _____ County: _____
 Criminal Case # _____

Called as witness for: *Prosecution* _ *Defense* _
 Civil Case # _____

Called as witness for: *Plaintiff* _ *Defense* _

Evaluation Method: *Direct Observation* _ *Telephone Interview* _ *Other*: _____


If telephone: Name: _____ Phone No.: _____

For telephone interviews contact the attorney who subpoenaed the witness for court.

	YES	NO	NA
1. Was the witness prepared for court?			
2. Did the witness have to refer to the case file excessively to answer the questions?			
3. Was the witness' appearance suitable for court?			
4. Did the witness speak clearly and distinctly?			
5. Did the witness answer questions without volunteering any unnecessary information?			
6. Did the witness answer questions directly and objectively for the prosecution?			
7. Did the witness answer questions directly and objectively for the defense?			
8. Was the witness' overall demeanor professional?			
9. Did the witness exhibit appropriate knowledge of his/her technical subject?			
10. Did the witness testify within the limits of the report?			
11. Did the witness explain technical procedures with terminology the jury could understand?			
12. Did the witness maintain composure under cross-examination?			

OVERALL RATING:

___ Outstanding ___ Acceptable ___ Needs Improvement ___ Unacceptable

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Title: Testimony Evaluation: Laboratory Case Number _____ Witness _____			Page #: <i>Page 2 of 2</i>

Additional Comments: Please attach additional document(s) if needed.
 (Comments are mandatory for an overall rating of Needs Improvement or Unacceptable and for improvements needed on any individual topics.)

Evaluated by: _____ Date: _____
 (to be completed by Bureau Chief)

Review and feedback given:

Supervisor's signature: _____
 Witness's signature: _____
 Date: _____