	Department of Financial Services <i>Division of Investigative and Forensic Services – Bureau of Forensic Services</i>	Prepared By:	Date:
		Title:	Witness Name:
Expert Witness Testimony Evaluation:		Laboratory Case #: _____	

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 Services
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Phone 850-539-2705
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Date of testimony: _____ County: _____
Criminal Case # _____ Witness for: *Prosecution* ___ *Defense* ___
Civil Case # _____ Witness for: *Plaintiff* ___ *Defense* ___


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

If by telephone: Name: _____ Phone No.: _____
For telephone interviews contact the attorney who subpoenaed the witness for court.

	YES	NO	NA
1. Did the witness appear to be prepared to testify?			
2. Did the witness refer to the case file to answer questions?			
3. Was the witness' appearance suitable for court?			
4. Did the witness speak clearly and distinctly?			
5. Did the witness answer questions succinctly but completely?			
6. Did the witness answer questions objectively regardless of who was asking them?			
7. Was the witness' overall demeanor professional?			
8. Did the witness exhibit appropriate knowledge of his/her Technical subject?			
9. Did the witness testify within the limits of their direct knowledge?			
10. Did the witness explain technical procedures with terminology the jury could understand?			
11. Did the witness maintain his or her composure?			

OVERALL RATING:

___ Outstanding ___ Acceptable ___ Needs Improvement ___ Unacceptable

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Additional Comments by Evaluator: Please attach additional document(s) if needed.

Evaluated by: _____ Date: _____

General review and feedback to witness by the Bureau Chief: (Comments are mandatory for any overall rating of “Needs Improvement” or “Unacceptable” and for improvements needed on any individual topics.)

Bureau Chief: _____ Date: _____

Witness acknowledgement of review and feedback or comments:

Witness’s signature: _____ Date: _____