

	<b>Department of Financial Services</b> <i>Division of Investigative and Forensic Services –  Bureau of Forensic Services</i>	Prepared By:	Date:
		Title:	Witness Name:
<b>Expert Witness Testimony Evaluation:</b>		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  
Carl.chasteen@myfloridacfo.com  
Phone 850-539-2705  
Fax 850-539-9662

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: \_\_\_\_\_