

STATE of CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF SCIENTIFIC SERVICES
WITNESS EVALUATION FORM

The purpose of this questionnaire is to allow the Division to evaluate its level of service in providing expert testimony. We encourage comment and constructive criticism. After completing this form please return it to the Division by fax, inter-departmental mail, email or by U.S. Mail. Should you wish to directly discuss testimony given by laboratory personnel, please feel free to call the Division Quality Assurance Manager.

Date of Testimony: _____ Court: _____

DSS Employee Name: _____ DSS Case #: _____

	YES	NO	N/A
Was the witness presentable in appearance?			
Was the witness cooperative with courtroom processes?			
Did the witness exhibit good courtroom demeanor?			
Did the witness speak clearly and distinctly?			
Did the witness address answers to the jury (as appropriate)?			
Did the witness answer questions in an understandable manner?			
Did the witness answer in an organized, concise, and consistent manner?			
Did the witness demonstrate an understanding and knowledge of scientific/technical subject?			
Did the witness communicate the scientific basis of their testimony?			
Did the witness come prepared with requested documents?			
Did the witness limit testimony to within their stated area of expertise?			
Was the witness' testimony consistent with the laboratory findings?			

OVERALL RATING: Outstanding Very Good Good Average Poor Unacceptable

ADDITIONAL COMMENTS:

Evaluator Name and Title: _____ (Optional) Telephone: _____
(Optional)

Thank you for your assistance.

Quality Assurance Manager
278 Colony Street Meriden CT 06451
Phone: 203-639-6400 Fax: 203-639-6485
Email: jane.ridley@ct.gov