

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

The purpose of this questionnaire is to allow the laboratory 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 laboratory by fax, inter-departmental mail or by U.S. Mail. Should you wish to directly discuss testimony given by laboratory personnel, please feel free to call. Thank you for your assistance.

Jane Ridley Quality Assurance Manager  
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DATE: \_\_\_\_\_ COURT: \_\_\_\_\_

WITNESS: \_\_\_\_\_ LAB CASE #: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

	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:

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Name and Title: \_\_\_\_\_ (Optional) Telephone: \_\_\_\_\_ (Optional)

For Laboratory Use:	Received DQM: _____	date: _____
	Analyst (initial): _____	date: _____
	Supervisor (initial): _____	date: _____