

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 comments. 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?			
Speak clearly and distinctly?			
Address answers to the jury (as appropriate)?			
Answer questions in an understandable manner?			
Answer in an organized, concise, and consistent manner?			
Demonstrate an understanding and knowledge of scientific/technical subject?			
Communicate the scientific basis of their testimony?			
Come prepared with requested documents?			
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: _____

Thank you for your assistance.

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