



MN BCA Forensic Science Services Witness Evaluation Form

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Distribution: FSS

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The purpose of this evaluation form is to collect information to help our Laboratory provide effective expert testimony. If you would like to discuss your remarks, please feel free to call or email. Thank you.

Date of Testimony: _____ Witness Name: _____

Lab Case Number: _____ Defendant's Name: _____

County: _____ Area of Expertise for this Testimony: _____

Prosecuting Attorney Defense Attorney Judge BCA Management or designee
*(*complete box below)*

Optional: Name _____ Phone Number _____ Please call

	YES	NO
1. Did the witness exhibit proper courtroom demeanor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the witness appear prepared?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the witness show good knowledge of technical subject?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the witness clear and explicit?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the witness fair and objective?	<input type="checkbox"/>	<input type="checkbox"/>

Overall rating: **Satisfactory** **Unsatisfactory**

Comments on Testimony:

***For evaluations completed by BCA Supervisor or designee**

<input type="checkbox"/> Monitored in person by _____	on (Date) _____	
<input type="checkbox"/> Monitored by call to _____	on (Date) _____	by _____
<input type="checkbox"/> Monitored by transcripts		

Supervisor/Director Initials and Date: _____ Witness Initials and Date: _____

LIMS Activity Log Verified/Court Monitoring Log Updated by QA Personnel - Initials/Date: _____