

**MINNESOTA BUREAU OF CRIMINAL APPREHENSION
FORENSIC SCIENCE SERVICE**

WITNESS EVALUATION FORM

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. Thank you.

**Jim Dougherty, Assistant Laboratory Director
Minnesota BCA Forensic Science Service Laboratory-Bemidji
3700 North Norris Court N.W.
Bemidji, MN 56601
(218) 755-6600**

Date of Testimony: _____ Witness Name: _____

Lab Case Number: _____ Defendant's Name: _____

County: _____ Area of Expertise for this Testimony _____

Prosecuting Attorney Defense Attorney Judge BCA Supervisor

Optional: Name _____ Phone Number _____ Please call YES NO

- | | | | |
|----|---|-----|-----|
| 1. | Did the witness exhibit proper courtroom demeanor? | [] | [] |
| 2. | Did the witness come prepared with relevant documents? | [] | [] |
| 3. | Did the witness show good knowledge of technical subject? | [] | [] |
| 4. | Was the witness clear and explicit? | [] | [] |
| 5. | Was the witness fair and objective? | [] | [] |

Overall rating: Satisfactory Unsatisfactory

Comments on Testimony

For BCA use only

<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 _____

