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.

Debra Springer, Assistant Laboratory Director
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St. Paul, MN 55106
(651) 793-2900

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

☐ **Monitored in person by**_____ **on (Date)**_____
☐ **Monitored by call to**_____ **on (Date)**_____**by**_____
☐ **Monitored by transcripts**

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