



Quality Testimony Evaluation Form Quality Division

Name of Witness: [text box]

Date of Testimony: [text box]

Forensic Case Number: [text box]

Cause Number: [text box]

Evaluator: [text box]

Section: [text box]

Type of Review: [checkbox] In Person [checkbox] Transcript

Was the testimony provided virtually: [checkbox] Yes [checkbox] No

Was there a pretrial conference with defense and/or prosecutor: [checkbox] Yes [checkbox] No

Table with 5 columns: Question, Yes, No, O/I*, N/A. Rows include questions about witness demeanor, communication, evidence identification, scientific principles, technical processes, findings, visual aids, clarity, and impartiality.

*O/I - Opportunity for improvement

If you marked 'No' to any of the questions above or have suggestions as to how the witness's testimony could be improved, please explain:

[Large empty text box for providing explanations or suggestions]

Date reviewed with witness: [text box]

Signature of Evaluator

Date

Signature of Witness

Date

Signature of Section Manager

Date