



Name of Witness:

Date of Testimony:

Forensic Case Number:

Cause Number:

Evaluator:

Section:

Type of Review: In Person Transcript

Was the testimony provided virtually: Yes No

Was there a pretrial conference with defense and/or prosecutor: Yes No *Rec – Recommendation

	Yes	Rec*	Follow-up	N/A
Did the witness exhibit proper demeanor and appearance in court?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the witness accurately communicate their qualifications and duties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the witness accurately identify and describe the evidence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the witness effectively convey scientific principles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the witness effectively convey technical processes and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the witness effectively communicate their findings and/or conclusions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If visual aids were used were they appropriate and effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the witness’s testimony clear and concise?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the witness remain impartial throughout their testimony?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation – The analyst will benefit from suggestions/comments that will help to improve his/her testimony.

Follow-up – The analyst will benefit from additional training and/or monitoring.

If you marked ‘Recommendation’ or ‘Follow-up’ to any of the questions above, please explain how the witness will benefit from suggestions/comments to improve his/her testimony:

Mr. Perkins effectively testified for approximately 20 minutes, on topics including his qualifications, chain of custody, workflow processes including accessioning and blood alcohol analysis, scientific principles, uncertainty of measurement, and technical/administrative reviews. He satisfactorily responded to the questions raised by both the prosecution and the defense with confidence and professionalism.

Testimony Additional Comments Form used: Yes No

(Use the Testimony Additional Comments Form when the font in the comment box get to small that is hard to read)

Date reviewed with witness:

Jessica Lynn Ayala Digitally signed by Jessica Lynn Ayala
Date: 2024.03.21 08:44:10 -05'00'

Signature of Evaluator

3/21/2024

Date

Charles (Chase) Perkins Digitally signed by Charles (Chase) Perkins
Date: 2024.03.21 09:16:12 -05'00'

Signature of Witness

3/21/2024

Date

Dayong Lee Digitally signed by Dayong Lee
Date: 2024.03.21 09:23:58 -05'00'

Signature of Section Management

3/21/2024

Date