

NORTH CAROLINA STATE CRIME LABORATORY
EXPERT TESTIMONY EVALUATION FORM
TO BE COMPLETED BY LEGAL SYSTEM REPRESENTATIVE

The Laboratory is extremely interested in assuring the quality of testimony provided to the legal system. It would be greatly appreciated if you would complete this evaluation.

Send the evaluation form to: State Crime Lab Attn: Quality Manager, 121 E. Tryon Rd. Raleigh, NC 27603, fax to 919-662-4475, or email to ISO@ncdoj.gov

TYPE OF COURT: _____ LOCATION OF TESTIMONY: _____

WITNESS EVALUATED: _____ LABORATORY FILE NUMBER: _____

DATE OF TESTIMONY: _____

NAME: **Please Print** _____ **Please Sign** _____

PHONE NUMBER: _____

Check One: ☐ JUDGE ☐ DEFENSE ATTORNEY ☐ PROSECUTOR ☐ SELF-REPRESENTED DEFENDANT

If NO is selected, please provide comments and a phone number where you can be reached for additional follow-up.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was the demeanor and dress of the witness professional? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Did the witness appear to be prepared and organized? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Was testimony presented in a calm and impartial manner? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Was the scientific nature of the testimony presented in a manner that you, the evaluator, could understand? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Was the scientific nature of the testimony presented in a manner that the judge/jury could understand? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Did the witness speak clearly and loudly enough to be heard by the judge/jury and the other court officials? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Did the witness speak to the judge/jury at the appropriate times? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Did the witness present clear and accurate testimony that was responsive to the questions, without volunteering unnecessary and unsolicited information? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

COMMENTS: _____

Internal Use Only: REVIEW WITH EMPLOYEE DATE: _____ EMPLOYEE: _____ SUPERVISOR: _____

LAB LEGAL COUNSEL (if required by procedure): _____ QM: _____