



NORTH CAROLINA STATE CRIME LABORATORY

EXPERT TESTIMONY EVALUATION FORM
TO BE COMPLETED BY LEGAL SYSTEM REPRESENTATIVE

The North Carolina State Crime Laboratory is extremely interested in assuring the quality of testimony we provide to our legal system. It would be greatly appreciated if you would complete this evaluation of our analyst and mail the evaluation form to State Crime Lab Attn: Quality Manager, 121 E. Tryon Rd. Raleigh, NC 27603.

TYPE OF COURT: LOCATION OF TESTIMONY:

WITNESS EVALUATED: LABORATORY FILE NUMBER:

DATE OF TESTIMONY: Check One JUDGE DEFENSE ATTORNEY PROSECUTOR SELF-REPRESENTED DEFENDANT

NAME: Please Print Please Sign

PHONE NUMBER:

- 1. Was the witness dressed in a professional manner? YES NO
2. Was the demeanor of witness professional and appropriate? YES NO
3. Did the witness appear to be prepared and organized? YES NO
4. Was testimony presented in an impartial manner? YES NO
5. Was the scientific nature of the testimony presented in a manner that you, the evaluator, could understand? YES NO
6. Was the scientific nature of the testimony presented in a manner that the jury could understand? YES NO
7. Did the witness speak clearly and loudly enough to be heard by the jury and the other court officials? YES NO
8. Did the witness speak to the jury at appropriate times? YES NO
9. Were answers given by the witness responsive to the questions? YES NO
10. Did the witness present clear and accurate testimony without volunteering unnecessary and unsolicited information? YES NO
11. Did the witness remain calm throughout the testimony regardless of any adversarial approaches? YES NO

COMMENTS:

Internal Use Only: REVIEW WITH EMPLOYEE DATE: EMPLOYEE: SUPERVISOR: LAB LEGAL COUNSEL (if required by procedure): QM: