Charlotte Mecklenburg Police Department Crime Lab
Witness Evaluation Form

The purpose of this form is to collect information to help our laboratory evaluate its level of service in the area of providing expert testimony. We encourage constructive criticism. Thank you for your assistance.

Witness Evaluated: _____ Evaluated By: _____

Type of Case: _____ Court Type: _____

Judge: _____ Prosecutor: _____ Defense: _____

Date of Testimony: _____ Trial By: Jury Judge Time spent testifying:_____

Was the witness dressed in a professional manner?	Yes	No
Was the demeanor of witness professional and appropriate?	Yes	No
Was the witness prepared for the testimony?	Yes	No
Did the witness appear to listen to the questions and answer in a clear and concise manner?	Yes	No
Were the answers the witness gave appropriate for the questions asked?	Yes	No
Did the witness establish good eye contact with the jury?	Yes	No
Was the scientific nature of the testimony presented in a manner that was understandable to a layperson?	Yes	No
Was the testimony of the witness presented in an impartial manner?	Yes	No
Did the witness speak clearly and with the appropriate volume for the courtroom?	Yes	No

Comments:

_____
_____
_____
_____
_____
_____

After completing the form, return to the Crime Laboratory Director via (mmathis@cmpd.org), interoffice mail or to 601 E. Trade St. Charlotte, NC 28202

Return Date: _____ Examiners Initials: _____ Date Reviewed _____