



New Mexico Department of Public Safety Forensic Laboratory Bureau

Expert Witness Evaluation Form

Date: _____

Laboratory Case #: _____

Forensic Scientist: _____

Expertise: _____

Prosecutor: _____

Defense: _____

Judicial District: _____

Judge: _____

Offense: _____

Defendant: _____

Expert Evaluation (Please Circle the Most Appropriate Answer)

General Courtroom Demeanor	Excellent	Good	Adequate	Needs Improvement	NA
Clarity of Testimony	Excellent	Good	Adequate	Needs Improvement	NA
Professional Appearance	Excellent	Good	Adequate	Needs Improvement	NA
Responsiveness to Questions	Excellent	Good	Adequate	Needs Improvement	NA
Eye-Contact with Jury	Excellent	Good	Adequate	Needs Improvement	NA
Performance under Cross-Examination	Excellent	Good	Adequate	Needs Improvement	NA
Use of Visual Aids	Excellent	Good	Adequate	Needs Improvement	NA

(Note: NA = Not Applicable)

Effectiveness of Testimony - Comments:

Name: _____

Title: _____

Please Return by EMAIL to Forensic-Quality@dps.nm.gov OR by FAX to (505) 827 9280

Laboratory use only:

QA Manager: _____ Supervisor/TL: _____ Analyst: _____ Date: _____