



Document #3

**Standard for the Review of Testimony of Friction Ridge Examiners
(Latent/Tenprint)**

1. Preamble

Testimony review is a required component of a Quality Assurance Program [1].

2. Scope

- 2.1. Testimony review evaluates the performance of the examiner in legal proceedings. Each examiner whose duties include providing testimony shall have his or her testimony reviewed at least annually.
- 2.2. Potential reviewers may include co-workers, supervisors, and officers of the court.

3. Testimony Review

- 3.1. The criteria to be reviewed shall include whether the examiner effectively
 - 3.1.1. Exhibited professional demeanor and appearance.
 - 3.1.2. Described his or her qualifications, duties, and examination.
 - 3.1.3. Demonstrated verbal and non-verbal communication.
 - 3.1.4. Testified within the limits of his or her expertise.
 - 3.1.5. Conveyed scientific results to the court.
 - 3.1.6. Presented testimony in an impartial manner.
 - 3.1.7. Presented demonstrative exhibits.
- 3.2. Testimony review mechanisms may consist of any of the following:
 - 3.2.1. Use of a testimony evaluation form (sample form in Appendix A).
 - 3.2.2. Communication with court officials.
 - 3.2.3. Review of written transcript, video, or audio recording of testimony.
 - 3.2.4. Personal observation of testimony
- 3.3. If testimony is not given during the year, that fact shall be documented.
- 3.4. The testimony review will be discussed with the examiner.
- 3.5. The testimony procedure should also prescribe the corrective action that is to be taken should the review be less than satisfactory.

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4. References

[1] SWGFAST, *Standard for a Quality Assurance Program in Friction Ridge Examinations*, 9/28/06, Ver. 3.0.

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APPENDIX A

[AGENCY NAME]

Testimony Evaluation Form

The evaluation of the testimony of our staff is an important part of our quality assurance program. Your cooperation is requested in completing this form and returning it to us.

Thank you for your assistance.

Analyst		Date of Testimony
Court Location	Case #	Court Case #
Evaluator	Title	
<i>(Please Print Name/Sign)</i>		
Agency	Phone #	
Defendant(s)	Subject of Testimony	

	Rating				
	Excellent	Average	Average	Average	Poor
1. Was the witness well prepared for trial?	<input type="checkbox"/>				
2. Did the witness have a professional demeanor and appearance?	<input type="checkbox"/>				
3. Did the witness effectively describe his/her qualifications, duties, and analysis?	<input type="checkbox"/>				
4. Did the witness demonstrate verbal and non-verbal communication?	<input type="checkbox"/>				
5. Did the witness testify within the limits of his/her expertise?	<input type="checkbox"/>				
6. How well did the analyst convey scientific results to the court?	<input type="checkbox"/>				
7. Did the analyst present evidence in an un-biased manner?	<input type="checkbox"/>				
8. If applicable, did the analyst present demonstrative exhibits effectively?	<input type="checkbox"/>				
9. Were you satisfied with the overall testimony?	<input type="checkbox"/>				
Please comment on the testimony or ways we might improve our service:					

Please return to: [AGENCY NAME & ADDRESS]

OR FAX TO:

[AGENCY USE]	Date Received by [AGENCY] _____
	Supervisor _____ Date _____ Signature _____
	Testifying Examiner _____ Date _____ Signature _____

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5. Revision Table

Version	Effective Start	Effective End	Posted	Archived	Change
1.0	09/11/12	N/A	11/24/12	N/A	Original Issue

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