

Trial/Extended Hearing Form

*PLEASE COMPLETE IF HEARING IS LONGER THAN 5 MINUTES
(ie. Probation Violations, Motions, Trials etc.)

1. Time of Observation: _____ am/pm to _____ am/pm
2. Were you able to witness the entire proceeding? Yes No
3. **Prosecutor:** How many participated in hearing/trial (how many were at the table)?

Describe Professional Demeanor	Sex (M/F)	Race

4. **Defense Attorney:** How many participated in hearing/trial (how many were at the table)?

Describe Professional Demeanor	Public Defender? (Y/N)	Sex (M/F)	Race

5. Type of Hearing or Trial:
(Please circle)

 Jury Trial Bench Trial Jury Selection Other (If possible, please specify _____)

6. If there is a jury, please describe the composition:

Gender
 Men _____
 Women _____

Race
 African American _____
 Asian _____
 Caucasian _____
 Latino/Hispanic _____
 Other _____

7. Witnesses Composition:

Called By	Cross Examined? Y/N	Relationship to Defendant	Did the Judge address witness? (Y/N)

8. Treatment of Witnesses:

In general, how were the witnesses treated?

Poor Inadequate Acceptable Good Excellent
 1 2 3 4 5

9. Was the defendant able to ask questions of their attorney during the proceeding?

Yes No

If no, please explain.

10. If you observed a trial, was the defendant's appearance/attire appropriate and professional?

Yes No

If no, please explain.

11. Did you understand what was going on in the courtroom?

Never Sometimes Always

12. Please give your overall impression and comments of the proceeding. Please explain.

Poor Inadequate Acceptable Good Excellent
