

EXPERT WITNESS IDENTIFICATION FORM

DATE: _____

CASE NAME: _____

PARTY CALLING WITNESS: _____

ATTORNEY: _____

NAME OF EXPERT: _____ TELEPHONE _____

ADDRESS: _____

ORGANIZATION: _____

ESTIMATED TIME FOR DIRECT EXAMINATION: _____

AREAS OF EXPERT OR OPINION TESTIMONY, INCLUDING CASE ISSUE(S) TO BE
ADDRESSED:

SUMMARY OF TESTIMONY:

(USE ADDITIONAL SHEET, IF NECESSARY)
**ATTACH RESUME, INCLUDING PERSONAL DATA, EDUCATION AND
PROFESSIONAL BACKGROUND