

# Impact and Evaluation of Expert Form

Regional Managed Assigned Counsel Office

\_\_\_\_\_ v \_\_\_\_\_ CASE # \_\_\_\_\_  
CASE NAME

DEFENSE ATTORNEY \_\_\_\_\_ P-NUMBER \_\_\_\_\_

EXPERT NAME \_\_\_\_\_ EXPERTISE \_\_\_\_\_

DISTRICT COURT \_\_\_\_\_ JUDGE \_\_\_\_\_

CHARGE \_\_\_\_\_

## CASE OUTCOME

### DISMISSED MISC

Prosecutor's Motion

Defense Motion

Insanity

Capias

### GUILTY PLEA

As Charged

Reduced

### TRIAL

Bench

Jury

### TRIAL RESULT

Acquittal

Conviction as chg'd

Conviction lesser

Hung Jury

## SENTENCING:

### SET BY JURIST

Probation

Fines/Costs

Other (explain)

### SENTENCE AGREEMENT

Probation

Fines/Costs

MCL 771.1

MCL 769.4a

MCL 333.7411

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**IMPACT OF EXPERT ON YOUR REPRESENTATION**

CASE # \_\_\_\_\_ EXPERT \_\_\_\_\_

Highly Negative  Negative  Neutral  Positive  Highly Positive

COMMENTS:

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**RATE THIS EXPERT**

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Prompt /Communication					
Cooperates w/Attorney					
Thorough/Knowledgeable					
Professional					
Personable/Relatable					
Positive Impact on Case					

**WOULD YOU USE THIS EXPERT AGAIN?**

Yes  Maybe  No

\_\_\_\_\_  
*Attorney Signature*

\_\_\_\_\_  
**Date**

Please return this evaluation to the Regional Managed Assigned Counsel Office: [Regional-INV-EXP@dearborn.gov](mailto:Regional-INV-EXP@dearborn.gov)