

Questioned Document Worksheet

Date Submitted: _____

Case No. _____

Client: Plaintiff Defendant

Attorney Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone (home): _____ Fax: _____

Phone (work): _____

Email Address: _____

Questioned Documents: # Originals____ # Photocopies____ # Carbon Copies____

Known Exemplars: # Originals____ # Photocopies____ # Carbon Copies____

Personal Data:

Handedness: Right Left

Gender: Male Female

Date of Birth: _____

Educational Level: High School College Masters Ph.D.

Country Where Educated: _____

Medication Used: _____

Physical Handicaps: _____ Illnesses: _____

Alcohol Consumption: None Small Moderate Heavy

Opinion:

Qualified: Yes No

Comments: