



Questioned Document Worksheet

Date Submitted _____

Case No. _____

Client: Plaintiff Defendant

Attorney Name: _____

Address: _____

Phone number: _____

Fax number: _____

Email: _____

Questioned Documents: # Originals_____ # Photocopies_____ # Carbon Copies_____

Known Exemplars: # Originals_____ # Photocopies_____ # Carbon Copies_____

Personal Data:

Handedness: Right Left

Sex: 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:

Pentec

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