



COMMONWEALTH of VIRGINIA

DEPARTMENT OF FORENSIC SCIENCE

OFFICE OF THE DIRECTOR
A Nationally Accredited Laboratory
dfs.virginia.gov

700 North 5TH Street
Richmond, Virginia 23219-1416
(804) 786-2281 FAX (804) 786-6857

AGENCY NOTICE

To: All Criminal Attorneys
From: Linda C. Jackson, Department Director *LCT*
Date: June 28, 2024
RE: Department of Forensic Science Honorarium Policy

The Department of Forensic Science (DFS) is pleased to announce that it has established an honorarium policy for its former employees to facilitate their testimony in cases worked while previously employed with the agency. DFS will now provide these employees an honorarium of \$500 per day, or any part thereof, when the former employee appears in court to testify. The party requiring such testimony must still obtain lawful service of a witness subpoena for that individual. DFS only accepts service of witness subpoenas for current employees.

Prior to any such appearance, the former employee must submit and have approved the Department's Testimony Honorarium Application and Agreement. A copy of the application and agreement is attached to this Agency Notice and addresses the process for them to obtain their case file and prepare for testimony. Please note that the Department is not responsible for the employee's travel expenses, and former staff will be directed to submit reimbursement requests to the subpoenaing party.

Please contact the Lab Director for your service area at the number listed if you have any questions or concerns.

Laboratory	Lab Director Contact	Phone Number
Central (Richmond)	Scott Maye	(804) 786-4707
Eastern (Norfolk)	David Koppenhaver	(757) 683-8327
Northern (Manassas)	Josh Kruger	(703) 335-8100
Western (Roanoke)	Kevin Patrick	(540) 561-6600

Department of Forensic Science

Testimony Honorarium Application and Agreement

Introduction and Instructions

DFS recognizes that previous employees may be subpoenaed to provide testimony relating to case examinations/analyses performed while employed with the agency. To support these efforts, DFS agrees to provide an honorarium of \$500 per day, or any part thereof, that you appear in court to testify, when a Testimony Honorarium Application and Agreement are submitted and approved prior to the appearance. Trial preparation is a prerequisite that is not additionally compensated.

1. Submit a completed, signed Testimony Honorarium Application and Agreement form to the Laboratory Director as soon as possible after receiving the subpoena. Incomplete applications will not be considered.
2. Attach the following:
 - A copy of the subpoena
 - A signed [101-D004 Code of Professional Responsibilities and Ethics](#)
 - A signed Virginia Substitute [W-9](#) tax form, if needed (Note: VA W-9 must be printed and signed in ink, and may be mailed or scanned for submission.)
3. The Laboratory Director or designee will provide copies of the approved Testimony Honorarium Application and Agreement form with the copy of the case file(s).
4. After completion of testimony:
 - Email Laboratory Director to report on testimony activities (e.g., date(s) of court appearance, whether testimony was required, names of Commonwealth's Attorney and Defense Attorney, time required for court preparation, and number of days appeared in court).
 - Return all copies of case file(s) documentation, including chain of custody, to DFS or confidentially destroy via cross-cut shredding. If destroying the copies, document/verify the destruction in the email to the Laboratory Director.

Notes:

The Department reserves the right to contact the attorney(s) or send a current employee for the purpose of testimony evaluation.

DFS does not provide reimbursement to former employees for travel expenses (such as per diem and mileage). Requests for such reimbursement should be directed to the subpoenaing party.

In rare cases requiring extraordinary preparation, the Deputy Director may approve additional compensation determined on a case-by-case basis.

Testimony Honorarium Application

Name of former employee: _____

Mailing address: _____

Phone number(s): _____

Laboratory of previous employment: *C* *E* *N* *W* *DTS*

FS Lab# for testimony: _____ Court jurisdiction: _____

Date(s) of subpoena: _____

Party issuing subpoena: _____

Preferred case file delivery method: *Lab Pick-up* *Mail* *Encrypted Email*

Laboratory Use (Laboratory Director or Office Manager)

Application/Agreement complete (initial/date) _____

101-D004 received (initial/date) _____

Case file documentation sent (initial/date) _____

All case file documentation returned/destroyed (initial/date) _____

Honorarium amount: _____

Approvals: *Approved* *Not Approved*

Laboratory Director (sign/date) _____

Completed form and copy of final email submitted to dfsfinance@dfs.virginia.gov (initial/date):

Testimony Honorarium Agreement

I, _____, agree to prepare for and provide testimony in the _____ case to the best of my ability. In consideration of receiving an honorarium from the Department of Forensic Science (DFS) for this testimony, I agree that:

- (1) I will not seek or accept any additional fees from a third party, other than reimbursement of my travel expenses, for my testimony.
- (2) If at any time I should determine that my proficiency as a scientific expert is no longer adequate, I will notify the Laboratory Director and the subpoenaing party.
- (3) Should I determine that I need additional assistance with trial preparation, including but not limited to reviewing scientific and professional standards, and applicable procedures and policies, I will notify the Laboratory Director to seek and obtain that assistance.
- (4) I will contact the Laboratory Director and the subpoenaing party, as applicable, with questions or concerns regarding case review, the content of the testimony, or other matters directly impacting the casework or Department of Forensic Science.
- (5) DFS may authorize current personnel to observe my testimony or ask the parties to evaluate my testimony. In some instances, DFS may need to inform the subpoenaing party and/or the court of certain issues arising during my testimony. DFS will inform me of that notification.
- (6) I acknowledge and understand that I may have access to confidential information regarding criminal investigations, including personally identifying information, belonging to DFS. Except as required by law, I agree to the following:
 - Unless authorized, I will not disclose to any other person, or allow any other person access to, any information related to DFS that is confidential, including but not limited to information pertaining to case work, beyond what is necessary during the course of my preparation for and testimony in this case.
 - I will immediately notify the Laboratory Director of any known or suspected disclosure of confidential information in violation of the terms of this Agreement.
 - I will, upon completion of testimony in this case, return or confidentially destroy all documents and any copies thereof, belonging to the Department.

Former Employee (sign/date): _____

Laboratory Director Approval (sign/date): _____