

TEAM ROSTER FORM – DEFENDANT

TEAM CODE:

DEFENSE TEAM Name of Student Attorneys <small>(input student's name)</small>	Tasks Performed	Witnesses Examined <small>(input witness name)</small>
1) _____	Opening Direct Cross	On Direct: _____ On Cross: _____
2) _____	Direct Cross	On Direct: _____ On Cross: _____
3) _____	Closing Direct Cross	On Direct: _____ On Cross: _____

Witnesses may be called in any order.

DEFENSE TEAM Name of Student Witnesses <small>(input student's name)</small>	Gender of Witness <small>(circle one)</small>	Witness Role to be Portrayed
_____	M F	Terry/Terri Hayes
_____	M F	Sandy Lowe
_____	M F	Gail/Gale Wright, M.D.

OFFICIAL TIMEKEEPER: _____ (timekeeper may not communicate with team during round)

Official Team Member(s) NOT Participating in this Round:

These team members must sit outside the bar and may not communicate with competing team members during the round.