OKLAHOMA OFFICE OF THE

ATTORNEY GENERAL

2026 DVSA Expert Witness Training

Application

1. Personal Information

Full Name: _____

Phone Number: _____

Email Address:_____

2. Professional Background

Current Occupation/Title:_____

Employer/Organization:_____

Years of Experience in DVSA Field:_____

Specialization/Field of Expertise: _____

_____

_____

_____

_____

_____

3. Education and Credentials

Degree(s) and transcript(s):_____

License(s) and/or certification(s): _____

Professional Membership(s): _____

4. Relevant Experience

Have you previously served as an expert witness in the State of Oklahoma? ☐ Yes ☐ No

If yes, when and where? _____

_____

_____

Please briefly describe your experience: _____

_____

_____

Have you previously served as an expert witness in any other State? ☐ Yes ☐ No

If yes, when and where? _____

_____

_____

Please briefly describe your experience: _____

_____

_____

5. Training Goals

Why do you want to attend this training? ***If more space is needed, please attach to the end of the application** _____

_____

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_____

Specific skills or knowledge you hope to gain: _____

_____

_____

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_____

If selected to attend, do you commit to being added to the Oklahoma Attorney General's List of DVSA Expert Witnesses that may be shared with system partner agencies and posted on the OAG Official website? ☐ Yes ☐ No

If selected to attend, do you agree to being contacted to potentially serve as a DVSA expert witness within the State of Oklahoma? ☐ Yes ☐ No

***If you've selected "No," please note that your application may be denied.**

_____

PRINTED NAME OF APPLICANT

_____ **DATE: Click here to enter a date.**

SIGNATURE OF APPLICANT

PLEASE SUBMIT THE APPLICATION AND ALL REQUIRED DOCUMENTATION WITH A $175.00 CHECK TO:
OKLAHOMA OFFICE OF ATTORNEY GENERAL
VICTIM ADVOCACY AND SERVICES UNIT
313 N.E. 21ST STREET
OKLAHOMA CITY, OK 73105