

WITNESS STATEMENT

Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s. 9

URN

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Statement of:

Age if under 18: *(if over 18 insert 'over 18')*

Occupation:

This statement (consisting of _____ page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: _____ (witness)

Date:

Signature:

Signature witnessed by:

| | | | | | |
|---|-----|---|-----------------------------|------------------------------|--|
| <u>Witness contact details</u> | URN | | | | |
| Name of witness: | | | | | |
| Home Address: | | | Postcode: | | |
| E-mail address: | | | Mobile: | | |
| Home Telephone Number: | | | Work Telephone Number: | | |
| Preferred means of contact <i>(specify details for vulnerable/intimidated victims and witnesses only)</i> : | | | | | |
| Gender: | | | Date and place of birth: | | |
| Former name: | | | Ethnicity Code (16 + 1): | | |
| <u>DATES OF WITNESS NON-AVAILABILITY:</u> | | | | | |
| <u>Witness care</u> | | | | | |
| a) Is the witness willing to attend court? | | If 'No', include reason(s) on form MG6 . | | | |
| b) What can be done to ensure attendance? | | | | | |
| c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? <i>(youth under 18; witness with mental disorder, learning or physical disability; or witness in fear of giving evidence or witness is the complainant in a sexual offence case)</i> If 'Yes' submit MG2 with file in anticipated not guilty, contested or indictable only cases. | | | | | |
| d) Does the witness have any particular needs? If 'Yes' what are they? <i>(Disability, healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)</i> . | | | | | |
| <u>Witness Consent (for witness completion)</u> | | | | | |
| a) The Victim Personal Statement scheme (victims only) has been explained to me | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| b) I have been given the Victim Personal Statement leaflet | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| c) I have been given the leaflet "Giving a witness statement to the police..." | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| d) I consent to police having access to my medical record(s) in relation to this matter <i>(obtained in accordance with local practice)</i> | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| e) I consent to my medical record in relation to this matter being disclosed to the defence | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| f) I consent to the statement being disclosed for the purposes of civil, or other proceedings if applicable, e.g. child care proceedings, CICA | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| g) Child witness cases only. I have had the provision regarding reporting restrictions explained to me. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| I would like CPS to apply for reporting restrictions on my behalf. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| <i>'I understand that the information recorded above will be passed on to the Witness Service, which offers help and support to witnesses pre-trial and at court'.</i> | | | | | |
| Signature of witness: | | | PRINT NAME: | | |
| Signature of parent/guardian/appropriate adult: | | | PRINT NAME: | | |
| Address and telephone number (of parent etc.), if different from above: | | | | | |

Statement taken by:

Station:

Time and place statement taken: