



Witness Statement CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

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:

PRINT NAME:

Date / /

Tick if witness evidence is visually recorded (supply witness details on rear)

Witness contact details

Home address: Postcode:

Home telephone No: Work telephone No:

Mobile/Pager No: E-mail address:

Preferred means of contact (specify details):

Best time of contact (specify details):

Former name: Date and place of birth:

Gender Ethnicity Code (16 + 1) Religion / Belief (Specify)

DATES OF WITNESS NON-AVAILABILITY:

(Consider: Booked holidays, usual holiday dates, set medical or other appointments, religious requirements, academic exam dates and any other known commitments.)

Witness care

a) Is the witness willing to give evidence in court proceedings?

Yes, via the open court room: Yes, with Special Measures support:

Yes, with practical support:

No, include reasons on MG6

If Special Measures is sought, complete a Special Measures Assessment (Form MG2) and submit with the File.

If practical support is sought, indicate the nature of this below:

Childcare Transport Language Impairment Mobility Other

Additional Detail

Witness Consent (for witness completion)

a) The Victim Personal Statement scheme (victims only) has been explained to me: Yes No

b) I have provided a Victim Personal Statement Yes No

c) I require my VPS to be read at court on my behalf / I wish to read VPS personally *Tick as appropriate*

d) I have been given the Victim Personal Statement leaflet Yes No

e) I have been given the leaflet "Giving a witness statement to the police – what happens next?" Yes No

f) I consent to police having access to my medical record(s) in relation to this matter (obtained in accordance with local practice) Yes No N/A

g) I consent to my medical record in relation to this matter being disclosed to the defence: Yes No N/A

h) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA: Yes No

i) The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. **Tick this box to decline their services:**

j) Your contact details may be disclosed to Victims First Northumbria if it is felt that you may benefit from their support, unless you prefer not to. **Tick this box to decline their services:**

Signature of witness: PRINT NAME:

Signature of parent/guardian /appropriate adult: PRINT NAME:

Address and telephone number if different from above:

Statement taken by (print name): Station:

Time and place statement taken: