



VERA BAIRD QC
POLICE & CRIME COMMISSIONER



NORTHUMBRIA
POLICE
Proud to Protect

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

Statement of: URN

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 attend court? Yes No 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?
Yes No If 'Yes' submit **MG2** with file.

d) Does the witness have any particular needs? Yes No If 'Yes' what are they? *(Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns?)*

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 *delete 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: