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| WITNESS STATEMENT**Criminal Procedure Rules, 16.2; Criminal Justice Act 1967, s. 9**

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| --- | --- | --- | --- | --- |
| URN |  |  |  |  |

Statement of: Age if under 18: *(if over 18 insert ‘over 18’)* Occupation:   |
| This statement (consisting of pages (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: Date  |
| Tick if witness evidence is visually recorded [ ]  *(supply witness details on rear)*Signature: Date:  |

**Witness contact details** URN : / / /

Name of witness: ……………………………………………………………………………………………………………..........

Home address: Postcode:

Email address: Mobile:

Home telephone number: Work telephone number:

Preferred means of contact *(specify details for vulnerable/intimidated witnesses* ***only****):*

Gender:……………………….. Date and place of birth:

Former name: Ethnicity Code (16 + 1):

**DATES OF WITNESS NON-AVAILABILITY**:

## 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? *(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)*

Yes [ ]  No [ ]  If ‘Yes’, submit **MG2** with file in anticipated not guilty, contested or indictable only cases.

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?)*

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| Witness Consent (for witness completion)a) The Victim Personal Statement scheme (victims only) has been explained to me: | Yes [ ]  | No [ ]  |  |
| b) I have been given the Victim Personal Statement leaflet | Yes [ ]  | No [ ]  |  |
| c) I have been given the leaflet “Giving a witness statement to the police….” | Yes [ ]  | No [ ]  |  |
| d) 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 [ ]  |
| e) I consent to my medical record in relation to this matter being disclosed to the defence: | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA
2. **Child witness cases only.** I have had the provision regarding reporting restrictions explained to me.

 I would like the CPS to apply for reporting restrictions on my behalf.*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.*  | Yes [ ] Yes [ ] Yes [ ]  | No [ ] No [ ] No [ ]  | N/A [ ] N/A [ ] N/A [ ]  |
| Signature of witness: PRINT NAME: Signature of parent/guardian/appropriate adult: PRINT NAME: Address and telephone number if different from above:  |

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| --- |
| Signature: Date:  |

Continuation Statement of:

Continuation Statement of:………………………………………………………..…………………..

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| Signature: Date:  |