

WITNESS STATEMENT

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

URN

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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?*)

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
- f) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA Yes No N/A
- g) **Child witness cases only.** I have had the provision regarding reporting restrictions explained to me. Yes No N/A
- I would like the CPS to apply for reporting restrictions on my behalf. Yes No N/A
- 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.*

Signature of witness:

PRINT NAME:

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

Address and telephone number if different from above:

Continuation Statement of:.....

Signature:..... Date:

Continuation Statement of:.....

Signature:..... Date: