

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:

WITNESS STATEMENT

Criminal Procedure Rules, 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 four 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)

I am currently employed by

working as a I have held this position for

..... The store is covered by a CCTV system which is serviced by

..... cameras and recorded onto a hard drive. There are..... till

points which are positioned within the store. Customers are expected to enter the store, browse

and select items they wish to buy. Baskets and or trollies **are/are not** provided for their convenience.

They are then expected to pay for these goods at one of the till points before leaving the store with their purchases.

I can say that on behalf of (company).....no person has any right or

authority to remove any items from the store without offering payment. We will support any police action deemed necessary.

At (time) on (date)

EITHER

(A) I was working in the store when my attention was drawn to a person / persons in the store because

OR

(B) As a result of information received from.....I checked the CCTV and witnessed the behaviour of person(s) in the store.

Signature: Date:

Continuation Statement of:.....

I would describe (each of) them as follows: (ethnicity / age / sex / hair / build / height / complexion / distinctive features / clothing – INCLUDE NAME IF RECOGNISED AND HOW THE PERSON IS KNOWN TO YOU):

I then observed the following (describe what you saw and include their behaviour, what was stolen, value of items, where concealed, what your actions were, any admissions they made to you, viewing in person or on CCTV, how busy was the store, did they pass last point of payment?):

Signature:..... Date:

Continuation Statement of:.....

I also retained a till receipt to show the value of the goods stolen. I then signed the exhibit label and I would recognise the exhibit by this exhibit label and by exhibit reference number (your full initials and date):

Identical items can be produced in Court if required.

The property stolen, namely

is valued at £

Signature:..... Date: