

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

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Statement of: Shelagh McLove

Age if under 18: OVER 18

*(if over 18 insert 'over 18')*

Occupation: Full time mother

**Contact number: 07747 555 5555**

This statement (consisting of 2 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: Shelagh McLove (witness)

Date: 06/06/2020

I am writing this Victim Personal Statement (VPS) in relation to an assault on my by my partner Eoin McLove on the 1<sup>st</sup> June 2020.

This was one of several assaults Eoin has subjected me to. As a result of my relation with Eoin and the abuse he has subjected me to I have lost custody of my only child.

The incident on the 1<sup>st</sup> June 20 left me with swelling, a cut and headaches for the next few days.

I decided on the 4<sup>th</sup> June to attend the hospital as a result of this assault. The hospital as a result of my description decided to x-ray me. They found that I had a hairline fracture of my skull in the left temple area. They have asked me to attend a follow-up outpatients appointment in a few weeks time as it may be necessary for further treatment.

I do not want to see Eoin again and feel that he has an ongoing alcohol dependency that he refuses to address.

Signature: Shelagh McLove

Signature witnessed by: PC 1989 Thomas

**Witness contact details**

URN

Name of witness: Shelagh McLove

Home Address:

Postcode:

E-mail address:

Mobile:

Home Telephone Number:

Work Telephone Number:

Preferred means of contact (*specify details for vulnerable/intimidated victims and 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? 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*) If 'Yes' submit **MG2** with file in anticipated not guilty, contested or indictable only cases.
- d) Does the witness have any particular needs? If 'Yes' what are they? (*Disability, healthcare, childcare, transport, disability, 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, or other 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 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 (of parent etc.), if different from above:

RESTRICTED (when complete)

Statement taken by:

Station:

Time and place statement taken: