WITNESS STATEMENT

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

URN	45	AA	20098	20

Statement of: Shelagh McLove

Age if under 18: OVER 18   *(if over 18 insert 'over 18')*

Occupation: Full time mother

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 1st 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 1st June 20 left me with swelling, a cut and headaches for the next few days.

I decided on the 4th 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 <u>NON-AVAILABILITY</u>:

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:

2018