

WITNESS STATEMENT**Criminal Procedure Rules, r 27. 2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B**

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Statement of:

Age if under 18:

(if over 18 insert 'over 18')

Occupation:

This statement (consisting of 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:..... (witness) Date:

Signature:..... Signature witnessed by:

Signature:..... Signature witnessed by:

Not Disclosable

Witness contact details

Home address: Postcode:
 Home telephone No: Work telephone No:
 Mobile: E-mail address:
 Preferred means of contact (*specify details*):
 Best time to contact (*specify details*):
 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 ☐

Signature of witness: PRINT NAME:

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

Address and telephone number (of parent etc.), if different from above:

Statement taken by:

Station:

Time and place statement taken: