

WITNESS STATEMENT

Criminal Procedure Rules, r 27.2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B

Crime No.

URN

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

Tick if witness evidence is visually recorded (supply witness details on rear)

Signature Signature witnessed by

Witness contact details

URN : / / /

Name of witness: Mr/Mrs/Ms/Miss/Dr

Former name

***Email address:**

***Email address needed for correspondence i.e. support material to be sent**

Address

Postcode:

Preferred telephone number:

Alternate telephone number:

Agreed means of contact and frequency :

Gender

Date and place of birth

Ethnicity Code (16+1)

DATES OF WITNESS NON-AVAILABILITY: (12 months)

Witness care

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. ALSO crimes involving gun and knife crimes and victims of Modern Slavery Act 2015*)

Yes No If 'Yes', submit **MG2** with file in NGAP, contested or indictable only cases OR to read VPS in GAP cases.

Witness Consent (for witness completion)

- a) I am aware that I may have to attend court. Yes
- b) I have been given the Victims' leaflet **with the crime number on.** Yes No
- c) The Victim Personal Statement scheme (victims only) has been offered to me. Yes No
- d) It has been explained to me what will happen next with this investigation Yes No
- e) 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
- f) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA, CLPD. 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.*
- *I understand that my details may be passed to other agencies who can offer me help and support in relation to being a victim of this crime.*

I give my informed and explicit consent for my personal details to be passed to other agencies that can support me or are involved in the criminal justice process. Yes No

Signature..... Date

Parent/guardian signature..... Date

Address

Contact tel no

Supporter signature..... Date

Statement taken by (*print name*):

Station:

Time and place statement taken:

Signature

Signature witnessed by