

Witness contact details

URN: / /

Name of Witness:

Home address:

Postcode:

E-mail address:

Mobile:

Home telephone No:

Work telephone No:

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 the 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) (answer yes/no as applicable)

- 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:

Statement taken by:

Station:

Time and place statement taken: