

RESTRICTED (when complete)

Witness Contact Details	URN:			
Full Name of Witness:				
Home address:		Postcode:		
E-mail address:		Mobile:		
Home telephone No:		Work telephone No:		
Preferred means of contact <i>(for vulnerable/ intimidated victims and witnesses only)</i> :				
Gender:		Date & place of birth:		
Former name:		Ethnicity Code (16 + 1):		
DATES OF WITNESS <u>NON-AVAILABILITY</u> (In next 6 months):				

MAY

<u>Witness care</u>
1) Is the witness willing to attend court? Select If 'No', include reason(s) on form MG6.
2) What can be done to ensure attendance?
3) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? <i>(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)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' submit MG2 with file in anticipated not guilty, contested or indictable only cases.
4) Does the witness have any particular needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' what are they? <i>(Disability, healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)</i> .
5) Is this witness also a victim to whom the Code of Practice for Victims of Crime set of enhanced entitlements is applicable Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes'- <i>Victim Most serious crime</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Persistently targeted victim</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Vulnerable or intimidated victim</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
For more info please visit: <p style="text-align: center;"><u>https://www.gov.uk/government/collections/victims-and-witnesses</u></p>

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Continuation of Statement:

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Witness Consent (for witness completion) (answer yes/no as applicable)

a) I have been informed where to find the Code of Practice for Victims of Crime Select

b) I have been informed where to find further information about the Witness charter
Select

c) I consent to police having access to my medical record(s) in relation to this matter
(obtained in accordance with local practice) Select

d) I consent to my medical record in relation to this matter being disclosed to the
defence Select

e) I consent to the statement being disclosed for the purposes of civil, or other
proceedings if applicable, e.g. child care proceedings, CICA Select

f) Child witness cases only

i. I have had the provision regarding reporting restrictions explained to
me. Select

ii. I would like CPS to apply for reporting restrictions on my behalf Select

g) I wish to make a VPS/ Impact Statement for Business (IBS) Select

h) Would you like the VPS/ IBS to be read out at Court Select

And

i) I wish (if deemed appropriate) the VPS/IBS to be read Select

The below section is for mandatory completion

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:

Statement taken by:

Station:

Time & place statement taken:

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