

**RESTRICTED (when complete)**

**MG11**

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| **WITNESS STATEMENT****Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s. 9**URNStatement 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:

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| **Witness contact details** URN |  |  |  |  |
| Name of witness: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 NON-AVAILABILITY:****Witness care**1. Is the witness willing to attend court? 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? *(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.
4. 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?).*
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| **Witness Consent (for witness completion)**1. The Victim Personal Statement scheme (victims only) has been explained to me Yes No
2. I have been given the Victim Personal Statement leaflet Yes No
3. I have been given the leaflet “Giving a witness statement to the police…” Yes No
4. I consent to police having access to my medical record(s) in relation Yes No N/A to this matter *(obtained in accordance with local practice)*
5. I consent to my medical record in relation to this matter being Yes No N/A disclosed to the defence
6. I consent to the statement being disclosed for the purposes of civil, Yes No N/A or other proceedings if applicable, e.g. child care proceedings,

CICA1. **Child witness cases only.** I have had the provision regarding Yes No N/A reporting restrictions explained to me.

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:

**2013**

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