

Witness contact details

Home address: Postcode:

Home telephone number Work telephone number

Mobile/pager number Email address:

Preferred means of contact:

Male / Female (delete as applicable) Date and place of birth:

Former name: Ethnicity Code (16+1): Religion/belief:

Dates of witness non-availability

Witness care

- a) Is the witness willing and likely to attend court? Yes / No. If 'No', include reason(s) on **MG6**.
- b) What can be done to ensure attendance?
- c) Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? Yes / No. If 'Yes' submit **MG2** with file.
- d) Does the witness have any specific care needs? Yes / No. If 'Yes' what are they? (Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns?)

Witness Consent (for witness completion)

- a) The criminal justice process and 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 police — what happens next?' 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 proceedings e.g. child care proceedings, CICA Yes No
- g) The information recorded above will be disclosed to the Witness Service so they can offer help and support, unless you ask them not to. Tick this box to decline their services:

Signature of witness: Print name:

Signature of parent/guardian/appropriate adult: Print name:

Address and telephone number if different from above:

Statement taken by (print name): **PC 752YE 206372 Steve ELSMORE** Station: **YE**

Time and place statement taken: