



**Witness contact details**

URN : / / /

Name of witness: .....

Home address: ..... Postcode:.....

Email address:..... Mobile:.....

Home telephone number:..... Work telephone number:.....

Preferred means of contact (*specify details for vulnerable/intimidated 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? Yes  No  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 witness is the complainant in a sexual offence case*)  
Yes  No  If 'Yes', submit **MG2** with file in anticipated not guilty, contested or indictable only cases.
- d) Does the witness have any particular 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 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 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 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.*

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*): ..... Station: .....

Time and place statement taken: .....