

Not Disclosable

WITNESS ASSESSMENT FOR SPECIAL MEASURES
Information required for an application to the court by the CPS
 (Anticipated not guilty plea only)

Name of witness:

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Age:

Date of Birth:

1. Identification of Witness (one form per witness)	
Tick whichever box(es) below apply to the witness [*automatically eligible]	
Vulnerable	Intimidated
a) Youth under 18 * <input type="checkbox"/>	e) Witness in fear/distress about giving evidence <input type="checkbox"/>
b) Witness with a mental disorder <input type="checkbox"/>	f) Complainant in sexual case * <input type="checkbox"/>
c) Witness with learning disabilities <input type="checkbox"/>	g) Weapons offence <input type="checkbox"/>
d) Witness with physical disability/ disorder <input type="checkbox"/>	

2. Eligibility for 'Special Measures'

Explain briefly the nature of the witness vulnerability and show how Special Measures are likely to improve the quality of their evidence. Factors to consider: circumstances of the offence, age of the witness, their social and cultural background/ethnic origins, their domestic and employment circumstances, any religious beliefs or political opinions, any behaviour towards the witness by the accused, his / her associates, family.

Evidence of disorder/impairment or witness fear/distress:

The effect on the evidence (seek expert advice if necessary):

3. Special Measures

Explain to the witness what is meant by 'Special Measures', the measures that may be available and what this would involve for them. Tick below the measure(s) which would be likely to maximise, so far as practicable, the quality of their evidence.

Consider: the needs of the witness, age, development or disability, communication difficulties, the state of mind (distress, shock); the type and severity and/or the circumstances of the offence (offender known to the witness); the purpose and likely value of a visually recorded interview on this occasion, perceived fears about intimidation and recrimination.

Special Measures

Screening witness from defendant <input type="checkbox"/>	Visually recorded interview as evidence-in-chief <input type="checkbox"/>
Evidence by live link <input type="checkbox"/>	Intermediary <input type="checkbox"/>
Evidence in private <input type="checkbox"/>	Aids to communication <input type="checkbox"/>
Removal of wigs & gowns <input type="checkbox"/>	

4. Witness views

What views has the witness/person acting on his/her behalf expressed about:

- ◆ his/her eligibility?
- ◆ whether Special Measures would be likely to improve the quality of his/her evidence?
- ◆ the measure(s) proposed?

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5. Views of any other interested parties/agencies involved e.g. Parent/guardian, Doctor, Social Services, schools, etc. (include contact details and address(es)).

Is there any other supporting material attached? Yes/No. If 'Yes' please list:

6. Special Measures Meeting

Is a Special Measures Meeting required? Yes/No

Assessing Officer:

Name:

Rank / job title & No.:

Date:

Tel:

Mob:

E-mail: