

RESTRICTED (when complete)

Not Disclosable

Name:

URN:

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Witness contact details

Home address:

Postcode:

Home telephone no:

Work telephone no:

Mobile:

E-mail address:

Preferred means of contact (*specify details*):

Best time to contact (*specify details*):

Gender:

Date and place of birth:

Former name:

Ethnicity Code (16+1):

DATE OF WITNESS NON-AVAILABILITY:

Witness care

- a) Is the witness willing to attend court? 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 intimidates 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
- d) Does the witness have any particular needs If 'Yes' what are they? (*Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns?*).
- e) Is this witness also a victim to whom the Code of Practice for Victims of Crime set of enhanced entitlements is applicable?

If 'Yes'

1. Victim Most Serious Crime
2. Persistently Targeted Victim
3. Vulnerable or Intimidated Victim

Witness Consent (for witness completion)

- a) I have been informed where to find the Code of Practice for Victims of Crime.
- b) I have been informed where to find further information about the Witness Charter.
- c) I consent to police having access to my medical record(s) in relation to this matter (*obtained in accordance with local practice*)
- d) I consent to my medical record in relation to this matter being disclosed to the defence
- e) I consent to the statement being disclosed for the purposes of civil, or other proceedings if applicable, e.g. child care proceedings, CICA
- f) **Child witness cases only.** I have had the provisions regarding reporting restrictions explained to me.
- I would like CPS to apply for reporting restrictions on my behalf.
- g) I wish to make a VPS / Impact Statement for Business (IBS).
- h) I would like the VPS / IBS read out in Court by

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Continuation of:

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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:

Signature of parent/guardian/appropriate adult:

Address and telephone number (of parent etc.), if different from above:

Statement taken by:

Station/Dept:

Time and place statement taken:

Freedom of Information Act Disclosure

RESTRICTED (when complete)

OFFICIAL – Sensitive
(For Criminal Justice related purposes only)

MG11(W)

CPS Use Only

WITNESS STATEMENT

(Criminal Procedure Rules R16.2, Criminal Justice Act 1967 S9)

		URN	
Statement of			
Age if under 18	(if over 18 insert 'over 18')	Occupation	
<p>This statement (consisting of page(s)) 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.</p>			
Signature		Date	
Signature of parent / guardian / appropriate adult		Relationship of parent / guardian / appropriate adult	
<p>Tick if witness evidence is visually recorded <input type="checkbox"/> (supply witness details on MG11 Back)</p>			
Statement taken by (print name)			
Station			
Date, time statement taken			

Freedom of Information Act Disclosed

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MG11(W)

CPS Use Only

WITNESS STATEMENT

(Criminal Procedure Rules R16.2, Criminal Justice Act 1967 S9)

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Statement of			
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Signature		Date	
Signature of parent / guardian / appropriate adult		Relationship of parent / guardian / appropriate adult	
<p>Tick if witness evidence is visual / audio recording <input type="checkbox"/> (supply witness details on MG11 – back page)</p> <p>Witness to read the following or, if recorded by telephone, the statement taker must read out to the witness:</p> <p>A victim personal statement gives you the opportunity to tell the criminal justice agencies and the magistrate or the judge about how a crime has affected you or those close to you. Your VPS can inform decisions on whether to charge an offender, whether they should be granted bail and by the courts in deciding on sentence.</p> <p>It will become part of the case papers and can be seen by those involved with your case, i.e. Police, CPS, defence, and the magistrates and judges at court.</p> <p>Normally your VPS will be read by the judge or magistrates, however, you may if you wish ask to read your VPS out to the Court or ask for someone, usually the Prosecutor, to read it out on your behalf.</p> <p>Please consider the below to help you to describe the effects that this crime has had on you;</p> <ul style="list-style-type: none">• Any physical or psychological injury you have suffered and/or any treatment you may have received as a result of the crime• Emotional: Anxiety, stress, sleeplessness, relationships with partner, family or others• Vulnerable or intimidated: If you no longer feel safe, are fearful of intimidation or a repeat offence• How your quality of life has changed on a day-to-day basis <p>Financial: loss of earnings through an inability to work, compensation for damage, etc.</p>			
Statement taken by (print name)			
Station			
Date, time statement taken			