

OFFICIAL – Sensitive
(For Criminal Justice related purposes only)
Not Disclosable

MG11(W) Back

Name of Witness		URN	
Home Address		Post code	
Home Telephone No		Work Telephone No	
Mobile	E-mail Address		
Preferred means of contact		Best time to contact	
Gender	Date and place of birth		
Former Name	Ethnicity code		
WITNESS NON-AVAILABILITY?	- Select -	If 'Yes' list dates	

Is the witness willing to attend court? If 'No', include reason(s) on MG6		- Select -
Record on the MG6 what can be done to ensure attendance?		
Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? <i>(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).</i> If 'Yes' submit MG2 with file in anticipated not guilty cases		- Select -
Does the witness have any particular needs? If 'Yes' what are they? Please state below <i>(Disability, healthcare, childcare, transport, language difficulties, visually impaired, restricted mobility or other concerns)</i>		- Select -

Victim / Witness Consent <i>(complete all sections)</i>	
The Victim Personal Statement (VPS) Scheme has been explained to me	- Select -
I have been given the Victims of Crime documentation	- Select -
I wish to provide a - Select -	- Select -
Where possible, I would like the - Select - read out at court by - Select -	- Select -
I consent to police having access to my medical record(s) in relation to this matter <i>(obtained in accordance with local practice)</i>	- Select -
I consent to the statement being disclosed for the purposes of civil or other proceedings if applicable e.g. child care proceedings, CICA, RTC cases	- Select -
Child witness cases only. I have had the provision regarding reporting restrictions explained to me	- Select -
I would like CPS to apply for reporting restrictions on my behalf	- Select -
Do you want access to Track My Crime if it is available in this force?	- Select -

<i>'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'.</i>			
Signature of Witness		Print Name	
Signature of parent/guardian/appropriate adult		Print Name	
Relationship of parent / guardian / appropriate adult			
Address and telephone number (of parent, etc.), if different from above			

Statement taken by (print name)	
Station	
Date, time and place statement taken	

URN

Witness contact details

Home address:

(include Postcode)

Home telephone no.:

Work telephone no:

Mobile/Pager no:

E-mail address:

Preferred means of contact:

Best time of contact (specify details):

☐ Male ☐ Female (tick as applicable)

Date and place of birth:

Former name:

Height:

Religion/Belief (specify):

Postcode:

Ethnicity:

DATES OF WITNESS NON-AVAILABILITY:

Witness care

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

Witness consent (for witness completion)

- a) The Victim Personal Statement scheme (victims only) has been explained to the witness. ☐ 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 - 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 police. ☐ 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 ☐ N/A
- g) The information recorded above will be disclosed to the Witness Service so that they can offer help and support unless you ask them not to. Tick this box to decline the offer. ☐

Signature of witness: _____

Signature of parent/guardian/appropriate adult: _____

Address and telephone number if different from above: _____

Statement taken by (print name): _____

Time and place statement taken: _____