

**Witness contact details**URN 

Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Work Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Preferred means of contact (*specify details*): \_\_\_\_\_

Gender: \_\_\_\_\_ Date and place of birth: \_\_\_\_\_

Former name: \_\_\_\_\_ Ethnicity Code (16+1): \_\_\_\_\_

Religion / Belief (*specify*): \_\_\_\_\_ Nationality: \_\_\_\_\_**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 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 a witness in fea of giving evidence or witness is the complainant in a sexual offence case*)Yes  No  If 'Yes' submit **MG2** with fil ein 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?*)

Does the victim wish their VPS be read aloud or played in court? Is so, do they wish to read it themselves or for it to be read on their behalf?

No  Yes they or another will read / play it  Yes the prosecutor will read / play it **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 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 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 (of parent etc.) if different from above: \_\_\_\_\_

Statement taken by (*print name*): \_\_\_\_\_ Station: \_\_\_\_\_

Time and place statement taken: \_\_\_\_\_