MG11

Witness contact details

Home address: 81 Doddington Road, Wellingborough

Postcode:

Home telephone No: Work telephone No:

Mobile/Pager No: E-mail address:

Preferred means of contact:

Female   Date and place of birth: 28.1.86

Former name: Height: 5' 7'   Ethnicity Code: W1

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. What can be done to ensure attendance?

b) Does the witness require 'special measures' as a vulnerable or intimidated witness? Yes ☐ No ☐ If 'Yes' submit MG2 with file.

c) Does the witness have any specific care needs? Yes ☐ No ☐ If 'Yes' what are they? (Healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)

Witness Consent (for witness completion)					
a) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me:	Yes ☐	No ☐			
b) I have been given the leaflet 'Giving a witness statement to the Police – What happens next?'	Yes ☐	No ☐			
c) I consent to the Police having access to my medical record(s) in relation to this matter:	Yes ☐	No ☐	N/A ☐		
Note: A separate medical consent form is required.					
d) I consent to my medical record in relation to this matter being disclosed to the defence:	Yes ☐	No ☐	N/A ☐		
Note: A separate medical consent form is required.					
e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings (if applicable):	Yes ☐	No ☐	N/A ☐		

f) 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 their services: ☐

Signature of witness:

Statement taken by (print name):   Station:

Time and place statement taken: