



**Freedom of Information Request Reference No:**

I note you seek access to the following information:

Can you provide me with a blank copy of a statement of a Witness Form MG11 as used in 2018 by your force in keeping with the Criminal Procedure Rules showing the statute law in the MG11 heading

**DECISION**

I have today decided to disclose the located information to you in full.

Please find attached information pursuant to your request above.

I would like to thank you for your interest in the MPS.

**Information Rights Unit**

**WITNESS STATEMENT**

**Criminal Procedure Rules, r 16.2; Criminal Justice Act 1967, s. 9**

URN

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Statement of:

Age if under 18: *(if over 18 insert 'over 18')*

Occupation:

This statement (consisting of \_\_\_\_\_ page(s) each signed by me) 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.

Signature: \_\_\_\_\_ (witness)

Date:

Signature:

Signature witnessed by:

<b><u>Witness contact details</u></b>	URN				
Name of witness:					
Home Address:					
E-mail address:					
Home Telephone Number:					
Preferred means of contact ( <i>specify details for vulnerable/intimidated victims and witnesses only</i> ):					
Gender:					
Former name:					
<b><u>DATES OF WITNESS NON-AVAILABILITY:</u></b>					
<b><u>Witness care</u></b>					
a)	Is the witness willing to attend court?				If 'No', include reason(s) on form <b>MG6</b> .
b)	What can be done to ensure attendance?				
c)	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 <b>MG2</b> with file in anticipated not guilty, contested or indictable only cases.
d)	Does the witness have any particular needs?				If 'Yes' what are they? ( <i>Disability, healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?</i> ).
<b><u>Witness Consent (for witness completion)</u></b>					
a)	The Victim Personal Statement scheme ( <i>victims only</i> ) has been explained to me	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
b)	I have been given the Victim Personal Statement leaflet	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
c)	I have been given the leaflet "Giving a witness statement to the police..."	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
d)	I consent to police having access to my medical record(s) in relation to this matter ( <i>obtained in accordance with local practice</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
e)	I consent to my medical record in relation to this matter being disclosed to the defence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
f)	I consent to the statement being disclosed for the purposes of civil, or other proceedings if applicable, e.g. child care proceedings, CICA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
g)	<b>Child witness cases only.</b> I have had the provision regarding reporting restrictions explained to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	I would like CPS to apply for reporting restrictions on my behalf.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<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:			
Address and telephone number (of parent etc.), if different from above:					

Statement taken by:

Station:

Time and place statement taken: