

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; MC Rules 1981, r.70)

Statement of **URN:**

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

This statement (consisting of: **1**..... pages 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 anything in it which I know to be false, or do not believe to be true.

Signature: **Date:**

Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

I am an executive officer/immigration officer/officer and I am currently based at, a position I have held since.....It is part of my duties to issue IS 35 letters to individuals requesting their co operation with the documentation process required to enable them to be removed/deported from the United Kingdom.

OnI sent/faxed* an IS 35 letter to Mr/Mrs/Msatimmigration reporting centre*/ immigration detention centre*/ prison*/ their home address*..... I produce a copy of this IS35 letter as my exhibit XX/1

*delete as appropriate.

Signature: **Signature witnessed by:**

RESTRICTED – FOR POLICE AND PROSECUTION ONLY
(when completed)

Home address:
..... Postcode:
Home telephone number Work telephone number
Mobile/pager number Email address:
Preferred means of contact:
Male / Female (delete as applicable) Date and place of birth:
Former name: Height: Ethnicity Code:
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 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 | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| b) I have been given the leaflet 'Giving a witness statement to police — what happens next?' | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| c) I consent to police having access to my medical records in relation to this matter: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d) 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"/> |
| e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. child care proceedings (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f) The information recorded above will be disclosed to the Witness Service so they can offer help and support, unless you ask them not to. Tick this box to decline their services: | | | | | <input type="checkbox"/> |

Signature of witness:

Statement taken by (print name):

Station:

Time and place statement taken:

Signature of witness: