

# **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: ....**2**.... 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 ..... Officer employed by the UK Border Agency and I am currently based at ..... a position I have held since ..... It is part of my duties to conduct interviews with persons liable to enforcement action. This can include administration interviews for the purpose of obtaining details required for a travel document for a person liable to be removed from the United Kingdom. As part of this process, the Secretary of State authorises me under Section 35 of the Asylum and Immigration (Treatment of Claimants) Act 2004 to serve an Is 35 letter on the person liable to be removed, requesting their co-operation with the documentation process.

It is also part of my duties to notify the person liable to enforcement action, that under Section 35 of the Asylum and Immigration (Treatment of Claimants) Act 2004, it is a criminal offence to refuse to co-operate with the requirements set out in the Act by the Secretary of State.

At ..... on ..... at ..... I spoke to ..... An Official interpreter in the .....language, Mr/Mrs ..... was present throughout. At the beginning of the documentation process I gave the IS 35 letter to ..... I produce a copy of this letter as my exhibit (. ). I read the letter to ..... and asked .....to confirm that they had understood its meaning. I then completed the documentation interview. I produce a copy of this interview as my exhibit (....) I asked ..... If He/She would comply with the documentation process. He/She replied "....." I asked why He/She would not comply and He /she replied ".....". I produce a record of these questions and answers (Annex B) as my exhibit (....)

Signature: ..... Signature witnessed by: .....

Continuation of Statement of .....

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: .....