

WITNESS STATEMENT

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

Statement of [REDACTED] URN: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Age if under 18 [REDACTED] (if over 18 insert 'over 18') Occupation: Senior Executive Officer

This statement (consisting of: 1 page, 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: 27 March 2023

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

I am a Senior Executive Officer for the Home Office (Immigration Enforcement). I lead the Alcohol and Late-Night Refreshment Team which is based in Croydon. Part of my duties include liaising with police and other responsible authorities in relation to licensing and illegal working. I make this statement from Home Office records which show that on 30 January 2023, PC Hancox H163 from Sussex Police (based at Brighton), contacted the National Command and Control Unit (NCCU) to request status checks on two individuals found to be working in a licensed premises. The two individuals are [REDACTED], [REDACTED] and [REDACTED], date of birth [REDACTED]. Both are [REDACTED]. Home Office records show that both [REDACTED] have outstanding asylum applications, this does not attract a right to work in the UK. NCCU officers emailed 2 photographs to help PC Hancox confirm the identities of [REDACTED]

Signature: Signature witnessed by:

Witness contact details

URN: / /

Name of witness: [REDACTED]

Home address: [REDACTED]

Email address: [REDACTED]

Mobile: [REDACTED]

Home telephone number:

Work telephone number:

Preferred means of contact (specify details for vulnerable/intimidated witnesses **only**):

Gender: ... [REDACTED]

Date and place of birth: [REDACTED]

Former name:

DATES OF WITNESS NON-AVAILABILITY: None known at present**Witness care**

- a) Is the witness willing 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 witness in fear of giving evidence or witness is the complainant in a sexual offence case*)
Yes ☐ No * If 'Yes', submit **MG2** with file in 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?*)

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 Home Office...." 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 if different from above:

Statement taken by (print name): Station: