

WITNESS STATEMENT

NAME:	
ADDRESS:	
TELEPHONE:	

PO Box 2292 Yeppoon Qld 4703 Phone 07 4913 5000 or 1300 790 919 Document Set ID: 8650062 Version: 4, Version Date: 02/06/2022

21

www.livingstone.qld.gov.au enquiries@livingstone.qld.gov.au

WITNESS STATEMENT CONTINUED

WITNESS STATEMENT CONTINUED

HAVE YOU MADE THIS STATEMENT OF YOUR OWN FREE WILL?	YES 🗆	NO 🗆
IS THIS STATEMENT TRUE AND CORRECT TO THE BEST OF YOUR		
KNOWLEDGE?	YES 🗆	NO 🗆
WAS ANY THREAT, PROMISE OR INDUCEMENT HELD OUT TO YOU	YES 🗆	NO 🗆
TO MAKE THIS STATEMENT?		
WERE YOU CAUTIONED PRIOR TO MAKING THIS STATEMENT THAT		
YOU WERE NOT OBLIGED TO MAKE ANY STATEMENT, AS ANYTHING	YES 🗆	NO 🗆
YOU SAY OR DO MAY BE USED IN EVIDENCE?		
IS THERE ANYTHING ELSE YOU WISH TO SAY IN RELATION TO THIS MATTER?	YES 🗆	NO 🗆

SIGNATURE OF WITNESS MAKING STATEMENT:

DATE: