



### WITNESS SUPPORT PROGRAMME REFERRAL FORM

**Instructions:** Investigating Officer (IO)/ Prosecutor (DPP) **MUST** complete Section A, B, C (if the witness is below 18), D and E.

**Section A: DETAILS OF WITNESS**

<b>Name of Witness:</b>	<b>Personal Identification Number (NRIC/ FIN):</b>	<b>Contact Number: (HP) (Home)</b>
<b>Age:</b>	<b>Race: C / M / I / Others</b>	<b>Address:</b>
<b>Sex: F / M          D.O.B:</b>	<b>Others, pls specify:</b>	
<b>Special Characteristics (if any)</b> <input type="checkbox"/> Nil <input type="checkbox"/> Physical disabilities <input type="checkbox"/> Mute <input type="checkbox"/> Mental illness <input type="checkbox"/> Intellectual disabilities <input type="checkbox"/> Autism/ASD <input type="checkbox"/> ADHD <input type="checkbox"/> Others:	<b>Educational Background/ School:</b>	<b>Occupation:</b>
<b>Preferred Language: (Circle) English / Mandarin / Malay / Tamil</b>		
<b>Known to any Social Service Agency for support? If Yes, please specify and provide contact details.</b>		

**Section B: DETAILS OF NEXT OF KIN**

<b>Name:</b>	<b>Relationship:</b>	<b>Contact Number: (HP)</b>
<b>Age:</b>	<b>Sex: F / M</b>	<b>Race: C / M / I / Others</b>

**Section C: (TO COMPLETE ONLY IF WITNESS IS BELOW 18 YEARS OLD)**

**CONSENT FROM PARENT / GUARDIAN / CAREGIVER TO PUT CHILD ON WITNESS SUPPORT PROGRAMME**

I \_\_\_\_\_ (Name of Parent/Guardian/Caregiver) give my consent for my  
 \_\_\_\_\_ (Relationship), \_\_\_\_\_ (Name of Child), to be placed on the  
 Witness Support Programme.

**Signature:**

**Date:**

Please email completed & scanned form to the following parties at least 10 working days before the trial.

1) [Zakiah SAIMIN@judiciary.gov.sg](mailto:Zakiah_SAIMIN@judiciary.gov.sg) 2) [Nur Rayhan MOHAMED@judiciary.gov.sg](mailto:Nur_Rayhan_MOHAMED@judiciary.gov.sg) and 3)  
[SC CENTRE FOR SPECIALIST SVCS@judiciary.gov.sg](mailto:SC_CENTRE_FOR_SPECIALIST_SVCS@judiciary.gov.sg)

<b>Section D: DETAILS OF ACCUSED IN PERSON(S)</b>		
<b>Name of Accused Person (1):</b>	<b>Age:</b>	<b>Relationship to Witness (if any):</b>
<b>Name of Accused Person (2):</b>	<b>Age:</b>	<b>Relationship to Witness (if any):</b>

**SECTION E: ADDITIONAL INFORMATION**

<b>Name of referring IO/DPP:</b>	<b>Designation/ Division:</b>
<b>Contact Number: (HP) (Office DID)</b>	<b>Email Address:</b>
<p><b>1. Court Case Number:</b></p> <p><b>2. Date of court appearance/court details:</b></p> <p><b>3. Has an application been made to the court via ICMS for approval for a support person?</b> <b>YES / NO</b></p> <p><b>4. Will the witness be giving testimony in the video link room?</b> <b>YES (VIDEO LINK) / NO (IN COURT ROOM)</b></p>	

---

**FOR OFFICIAL USE:**

<b>Name of Volunteer Handling Witness:</b>	<b>Contact:</b>
<b>Dates not free for Court Trial: (to indicate for a period of six months)</b>	
<b>Name of Reserved Volunteer:</b>	<b>Contact:</b>
<b>Dates not free for Court Trial: (to indicate for a period of six months)</b>	

Please email completed & scanned form to the following parties at least 10 working days before the trial.

1) [Zakiah\\_SAIMIN@judiciary.gov.sg](mailto:Zakiah_SAIMIN@judiciary.gov.sg) 2) [Nur\\_Rayhan\\_MOHAMED@judiciary.gov.sg](mailto:Nur_Rayhan_MOHAMED@judiciary.gov.sg) and 3) [SC\\_CENTRE FOR SPECIALIST SVCS@judiciary.gov.sg](mailto:SC_CENTRE_FOR_SPECIALIST_SVCS@judiciary.gov.sg)