

WITNESS DISCLOSURE FORM

Name of witness:

\_\_\_\_\_

Position of witness:

\_\_\_\_\_

Date of testimony, interview: \_\_\_\_\_

Description of instance witnessed: \_\_\_\_\_

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Any other information: \_\_\_\_\_

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I agree that all of the information of this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_