

WITNESS DISCLOSURE FORM

Name of witness: \_\_\_\_\_

Position of witness: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Approved 05/19/97 Reviewed 07/14/2011 Revised \_\_\_\_\_