Statement of			URN:				
Age if under 18	Over 18	(if over 18 insert 'over	er 18') Occupa	tion:	Immigratio	on Officer	
make it knowing t	onsisting of: 3 p nat, if it is tendered in e e false, or do not believe	evidence, I shall be					
Signature:				Date:	12/11/	2019	
Tick if witness evid	ence is visually recorde	ed (supply v	witness details	on rear)			
I am employed b	y the Home Office	as an Immigration	on Officer at	the	Immig	gration Comp	liance an
Enforcement (ICE	) Team,						
DL2 1SZ. The po	May 2019, I was on wer of entry used to e arrested a male from	enter: AD letter un	nder S28CA I	mmigratio	on Act 197		by the dut
DL2 1SZ. The por AD.  I encountered and 1971 as a Section	wer of entry used to e arrested a male from 10 Overstayer and ad ne following question	work	nder S28CA I	mmigration in the UK	on Act 197 under 17(	1 authorised b	by the dut
DL2 1SZ. The por AD.  I encountered and 1971 as a Section  I asked the male to held on my digital.	wer of entry used to e arrested a male from 10 Overstayer and ad ne following question	work Iministered the Act as using a	ander S28CA In the strength of	mmigration the UK relation t	on Act 197 under 17( o his illega	1 authorised b	on Act
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further claim to remain in the United Kingdom but had which was withdrawn as the male absconded from
immigration reporting restrictions. The male had then submitted a fresh claim to remain in the United Kingdom
in 2013 which was again withdrawn as the male again absconded. The male was deemed an overstayer in the UK
as he has no valid leave. The male was conveyed to custody suite.

Signature: Signature witnessed by:

## RESTRICTED – FOR POLICE AND PROSECUTION ONLY (when completed)

Hon	ne address:					ostcode:		
Mob	ne telephone number bile/pager number erred means of contact:			Work telephone number	r			
Male	e mer name:		Date and place			ty Code:		
	es of witness non-availabi	•						
Witi	ness care							
a)	Is the witness willing a attendance?	nd likely to attend co	ourt? Yes. If 'No	', include reason(s) on N	AG6. What	can be done	e to ensur	e
b)	Does the witness requir	e 'special measures'	as a vulnerable	or intimidated witness?	No. If 'Ye	s' submit M	G2 with	file.
c)	Does the witness have visually impaired, restricted mob		ds? No. If 'Yes	' what are they? (Healthcard	e, childcare, tra	nsport, disability,	language dif	ficulties,
Witi	ness Consent (for witnes	s completion)						
a)	The criminal justice probeen explained to me	ocess and Victim Per	sonal Statement	scheme (victims only) h	nas Y	Yes N	No	
b)	I have been given the lo	eaflet 'Giving a witne	ess statement to	police — what happens	next?' Y	Yes N	lo	
c)	I consent to police havi	ing access to my med	lical records in r	relation to this matter:	Υ	Yes N	lo	N/A
d)	I consent to my medica	l record in relation to	this matter being	ng disclosed to the defen	nce: Y	Yes N	lo	N/A
e)	I consent to the statemed care proceedings (if app	ent being disclosed for plicable)	or the purposes of	of civil proceedings e.g.	child Y	Yes N	lo	N/A
f)				tness Service so they can to decline their services:				
Sign	nature of witness:							
State	ement taken by (print nam	ne):						
Stati	ion:							
Time	e and place statement take	en: 12/1	1/2019					
Sign	nature of witness:							