







**Witness Presence Statement**

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**11. Is there any other information you think the VCF should know about where the victim was located, or when and why he or she was there?** If so, please include the details below and explain how you know the information.

**I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.**

*Please note – the VCF does not accept electronic signatures. Notarization of this form is not required.*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Your Printed Full Name

*If you are including additional pages or documents with the form, please be sure to include your name and the victim's name and VCF claim number at the top of each page. Thank you for your assistance to the VCF.*