



Independent Witness - Record of Interview Children



General		Fill in or tick relevant boxes use notes page for extra information as required			
Location: _____	Date / /	Time: _____			
Pre Interview confidential time to gather details and establish role and procedure					
Child's Full Name _____	Date of Birth _____				
Address _____	Age _____				
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Introduction	Basic Rights	Observations - Need		Questions	
<input type="checkbox"/> State name & office	<input type="checkbox"/> Telephone call	ITP	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Aboriginal or TI	
<input type="checkbox"/> State why called	<input type="checkbox"/> Contact lawyer	Translator	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Accepted as witness	
<input type="checkbox"/> State independent role	<input type="checkbox"/> Contact friend relative	FMO	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Inability for legal advice	<input type="checkbox"/> Contact Consul	Lawyer	<input type="checkbox"/> <input type="checkbox"/>		
Presentment select observations that apply (use notes page if more observations needed)					
<input type="checkbox"/> Normal	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Tired	<input type="checkbox"/> Tearful		
<input type="checkbox"/> Scared	<input type="checkbox"/> Distressed	<input type="checkbox"/> Angry	<input type="checkbox"/> Non-Communicative		
<input type="checkbox"/> Other (list) _____					
<input type="checkbox"/> Any Complaints & actions (list) _____					
Interview Record list participants and noteworthy observations here (use notes for more if needed)					
Investigator 1 Surname _____	Rank _____	Number _____			
Investigator 2 Surname _____	Rank _____	Number _____			
Time Start: _____					
Caution					
<input type="checkbox"/> Right to silence	<input type="checkbox"/> Right to call relative	<input type="checkbox"/> Right to call lawyer	<input type="checkbox"/> Understood		
Intervention	Time _____	Reason _____			
Intervention	Time _____	Reason _____			
Notes					
Fingerprint Record record fingerprint request, observe taking and tape recording confirmation					
<input type="checkbox"/> Fingerprints required		<input type="checkbox"/> Agreed	<input type="checkbox"/> Fingerprints Taken		
<input type="checkbox"/> Caution given and understood		<input type="checkbox"/> Refused			
Result					
<input type="checkbox"/> To be summonsed	<input type="checkbox"/> Bail refused	Time finished: _____			
<input type="checkbox"/> Charge & Bail	<input type="checkbox"/> Assist in Bail Hearing				
<input type="checkbox"/> Interview complete	<input type="checkbox"/> Interview abandoned				
Honorary Justice Signature _____					

