San Diego Unified School District

WITNESS DECLARATION

Date of Incident: _____

Location of Incident: _____

Time of Incident: _____

I, _____ , declare the following:
(first and last name)

I observed _____ (subject's name)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

____ I will testify.

____ I do <u>not</u> wish to testify because I have a legitimate fear that I would risk suffering psychological or physical harm if I were required to testify.

I do not wish to testify because (be specific):

_____

_____

I declare under penalty of perjury that the foregoing statement is true and correct.

_____ Dated: _____
Signature of Witness