



Hearings Department
Child Welfare and Attendance
1120 Government Street
Baton Rouge, LA 70802
Office (225) 239-7870, Fax (225) 227-2841

Witness Statement (A)

NAME OF WITNESS: _____ SCHOOL: _____ GRADE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)

PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?

SIGNATURE OF WITNESS

DATE

PRINTED NAME OF WITNESS