



# 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 not 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.*

\_\_\_\_\_  
*Signature of Witness* Dated: \_\_\_\_\_