



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: _____