

STATEMENT OF WITNESS

(C.J. Act, 1967, s.9; M.C. Act, 1980, s. 102; M.C. Rules 1981, r. 70)

Statement of ..... EILEEN M GORMAN
Age of Witness (Date of Birth) ..... OVER 21
Occupation of Witness ..... REGISTERED MEDICAL PRACTITIONER
Address ..... DPA
..... DPA
..... DPA

This statement,\* consisting of pages each signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated the 10th day of December 1985
Signed ..... Doctor
Signature witnessed by .....

Additional statement concerning LA-A26.

I have special qualifications and experience in assessment of mental handicap.

I examined LA-A26 in the presence of and with the consent of her mother.

LA-A26 is of extremely low intelligence although physically normal for her age, apart from a delayed onset of menstruation.

Her retardation is congenital and very severe. She is barely able to communicate verbally and indicates by gestures. She is unable to guard against physical or moral dangers. She is unable to care for herself, e.g. when dressing, her mother has to tell her what to do. She is non volitional etc - unable to give any form of consent. She could not give evidence. If she is found to be non virgo intacta she would be unable

Signed ..... Doctor
Signature witnessed by .....
\*Delete as applicable.