**Response from health professional to request for evidence of injuries/condition consistent with domestic violence**

***HEADED LETTER [Please can you ensure that the letter is on headed paper from the surgery, hospital or dental practice where the doctor, dentist, nurse, paramedic, practitioner psychologist, radiographer, social worker, health visitor or midwife practises.]***

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| --- | --- |
| [Addressee name]  [Address] | [Your Address]  [Your E-mail (if applicable)]  [Your Contact telephone number]  [GMC/NMC/HCPC] Registration Number: [GMC/NMC/HCPC] Registration Number] |

Dear [Insert name of addressee],

Name of applicant: [Name of applicant]

I understand that [Name of applicant] (‘the Applicant’) wishes to access legal aid for a family dispute as a victim of domestic violence. For this reason, I have been asked to provide a letter in accordance with regulation 33 of the Civil Legal Aid (Procedure) Regulations 2012.

**The applicant has confirmed that the [injuries/condition] that [he/she] presented to me [insert relevant health professional’s name] with on [date of consultation] were caused by domestic abuse.**

I can confirm that I have examined [the Applicant] and in my reasonable professional judgement, the [injuries [and/or] condition] that the Applicant has [or has had] are consistent with domestic violence.

I understand that this evidence is only required for a decision on whether or not to grant legal aid – it is not designed to provide evidence of domestic violence for use in court.

Yours sincerely,

[Sign]

[Name of Medical signatory]

[Title of signatory]

[Please indicate if signing on behalf of health professional colleague in their absence]