

# Support for a child conceived without your consent form

Please fill in this form and return it to us. This is to give us the information we need to support you further.

You should fill in **Part 1** and ask someone else to fill in **Parts 2 and 3**.

**Parts 2 and 3** should be completed by someone you have previously spoken to or are now speaking with in their professional capacity about the non-consensual act or coercive or controlling behaviour you experienced from the other parent of the child, which occurred at or around the time your child was conceived.

They can be:

- a healthcare professional in a Sexual Assault Referral Centre
- other healthcare professionals, such as a doctor, midwife, nurse or health visitor
- a registered social worker, or
- a specialist support worker from an approved organisation as listed on  
[www.gov.uk/government/publications/support-for-a-child-conceived-without-your-consent](http://www.gov.uk/government/publications/support-for-a-child-conceived-without-your-consent)

Please write in black ink and use CAPITAL LETTERS.

## Part 1: Your details

**Your name**

Postcode

**Telephone number (optional)**

## Your declarations

**I believe the non-consensual conception exception applies to my child.**

**Child's name**

**Your signature**

**I confirm that I am not living with the other biological parent of this child.**

**Your signature**

Please now speak to the professional third party so they can complete **Parts 2** and **3**.

There is third party guidance at

[www.gov.uk/government/publications/support-for-a-child-conceived-without-your-consent](http://www.gov.uk/government/publications/support-for-a-child-conceived-without-your-consent)

## Part 2: Third party professional contact details

**Name**

**Job title**

**Organisation**

**Address**

Postcode

**I am a**

healthcare professional  
specialist support worker from  
an approved organisation  
registered social worker

## Part 3: Third party professional declaration

I confirm that:

**The claimant's name**

contacted me

contacted my colleague  
(name)

who is a (role)

on

regarding the circumstances  
surrounding the conception of  
their child (name)

who was born on

## **Part 3: Third party professional declaration** continued

Based on the meeting(s) in the course of professional duties you or your colleague named above have had with the claimant, and any other relevant information available to you, please tick **all** of the following boxes which apply.

**Please note that ticking a box below only confirms that the claimant's circumstances, as described by them, are consistent with the statement next to the box. There is no requirement on the approved agencies or workers to seek any further documentation or evidence to confirm the circumstances.**

### **Non-consensual conception**

- 1** The claimant's circumstances are consistent with it being likely that the claimant conceived through an act by another person to which the claimant did not agree by choice.
- 2** The claimant's circumstances are consistent with it being likely that the claimant conceived through an act by another person to which the claimant lacked the freedom or capacity to agree by choice.

If you have ticked box **1** or **2**, there is no need to fill in the **Control or coercion** section. Go straight to the signature section on the next page.

### **Control or coercion**

- 3** At or around the time the child was conceived, another person was repeatedly or continuously engaging in behaviour towards the claimant that was controlling or coercive.
- 4** At or around the time the child was conceived:
  - a** the claimant and the other person were in an intimate personal relationship with each other.
  - b** the claimant and the other person were living together and were members of the same family.
  - c** the claimant and the other person were living together and had previously been in an intimate personal relationship with each other.
- 5** The behaviour mentioned in point 3 above:
  - a** caused the claimant to fear, on at least two occasions, that violence would be used against them.
  - b** caused the claimant serious alarm or distress, which had a substantial adverse effect on the claimant's day to day activities.
- 6** The claimant's circumstances are consistent with that other person being the biological parent of the above child.

**Now please sign on the next page.**

## **Part 3: Third party professional declaration** continued

### **Third party signature:**

**Signature**

**Date**

#### **Authentication**

For example, professional registration number, agency reference number or administration stamp.

HM Revenue and Customs or DWP may contact you to confirm authentication.

### **What to do now**

What you do with the form now depends which benefit you are claiming.

#### **Child Tax Credits**

Send the form to:  
Exceptions  
HM Revenue and Customs  
BX9 1HZ

You may wish to ask for a proof of posting.

#### **Universal Credit**

Give the form to your work coach or as directed by your case manager.

#### **Income support**

Give the form to your work coach or send it to the address they tell you.