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

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| *This example letter has been designed by the Ministry of Justice to be used to request evidence of a referral by an appropriate health professional to a domestic abuse support service.**An appropriate health professional can be a medical practitioner, nurse, midwife, dental practitioner, paramedic, practitioner psychologist, radiographer or social worker registered and licensed to practise in the country in which they provide a letter or report, or examine the individual. This appropriate health professional may be based overseas.* *Information required is highlighted and instructions are italicised.* ***Please delete any unnecessary text and instructions (including this introduction) before sending.*** |

***HEADED LETTER [Where possible, please use letter headed paper.]***

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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 abuse. For this reason, I have been asked to provide a letter in accordance with regulation 33 and schedule 1 of the Civil Legal Aid (Procedure) Regulations 2012 (as amended).

**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 abuse.

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 abuse 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]