

**If someone you know has had an abortion, encourage them to complete this form.**

## DECLARATION HOW MY ABORTION HURT ME

The State of \_\_\_\_\_  
County of \_\_\_\_\_

“My name is \_\_\_\_\_. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) When and where did your abortion occur? (Please include city and state.) \_\_\_\_\_
- 2) How many weeks pregnant were you? \_\_\_\_\_  Your estimate  Medical Provider Data
- 3) What type of abortion was performed?  Pill  Suction  Saline  D&C  Other: \_\_\_\_\_  
3a) If you took the abortion pill, how did you get the pill?  
 In Person Doctor  Online Doctor/Telemedicine  Online or Mail  
 Friend/Family  Pill was forced on me  Other: \_\_\_\_\_
- 3b) Did you have abortion complications? If so, what happened? \_\_\_\_\_
- 3c) Did anyone tell you to lie, cover-up, or mislead medical providers or others who treated you after taking the pill?  
 Yes  No If so, who? \_\_\_\_\_
- 4) Were you adequately informed of the nature of abortion, what it is, what it does?  Yes  No If no, explain. \_\_\_\_\_
- 5) Were you adequately informed of the consequences of abortion?  Yes  No If no, explain. \_\_\_\_\_
- 6) Was your abortion due to rape, incest, fetal anomalies, mother’s health? Explain: \_\_\_\_\_
- 7) Did anyone pressure you into having an abortion?  Yes  No If yes, what happened? \_\_\_\_\_
- 8) How has abortion affected you? \_\_\_\_\_
- 9) How has your abortion affected others in your life? \_\_\_\_\_
- 10) Did you have problems you did not expect after your abortion? \_\_\_\_\_
- 11) Based upon your experience, what would you tell a woman considering abortion? \_\_\_\_\_
- 12) Based on your own experience, what would you tell someone that believes abortion should be legal? \_\_\_\_\_

**“I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.”**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Please use my:  Full name  First name only  Initials only

Signature: \_\_\_\_\_

You may contact me  Do not contact me

**My signature evidences my authorization to use this declaration for all purposes**

**THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION**

Print Your Full Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion

Additional Information About My Testimony:

*If you have questions or need help after abortion, please call 1-866-482-LIFE (5433).  
For more information go to [www.internationalhelpline.org](http://www.internationalhelpline.org).  
CALL NOW! The first step in the journey of healing can begin with your call.*