

FAX TO: Facility Director and All Staff Involved in Abortion Provision

RE: Patient Notice of Intent **CLINIC NAME:** _____

Fax Number: _____ **DATE:** _____

I am currently pregnant and I am aware that state and federal law allows me to obtain the reproductive health care which I determine to be in my best interest, including abortion or prenatal care. After having fully considered all of my options, I have independently decided to continue my pregnancy to term. However, I am being subjected to coercion by others which is meant to compel me to terminate my pregnancy. This coercion may include but is not limited to threats, intimidation, force or threats of force. I am hereby giving you notice that if I am brought to your facility [a] I will not be in a position to express my true wishes regarding my pregnancy, [b] it is against my will to terminate my pregnancy, and [c] I may be accompanied by at least one other person whose objective is to prevent me from either withholding or withdrawing my consent for an abortion. Given these circumstances, I will not be in a position to freely give legal consent for such a procedure. Should you perform an abortion on me despite being informed of this fact, you may be subject to criminal prosecution and/or civil liability for committing or conspiring to commit one or more of the following:

- | | | |
|---------------------|--------------------------|--|
| ·aggravated assault | ·child abuse | ·failure to report suspected child abuse |
| ·wrongful death | ·kidnapping | ·failure to obtain informed consent |
| ·injury to a child | ·fraud/misrepresentation | ·interference with parental relation |
| ·sexual assault | ·wrongful imprisonment | ·medical license violations |

By my signature below I state that I have read and understand this document. I have also directed that copies of it be provided to the entities or individuals identified below.

X _____
Complainant Signature _____ Date _____

Printed Name _____ Date of Birth _____ DL or SS number _____

Street Address – City – State – Zip

A copy of this document is to be provided to:

1. Every abortion clinic or abortion provider to which the complainant might be taken.
2. All law enforcement agencies (police, sheriff, district attorney, etc.) with jurisdiction where the complainant resides **AND** all law enforcement agencies with jurisdiction where the abortion may be performed.
3. All state authorized Child Protective Services agencies with jurisdiction where the complainant resides **AND** all state authorized Child Protective Services agencies with jurisdiction where the abortion may be performed. (This notification is necessary only when the complainant is a minor.)
4. The legal counsel representing the pregnancy center or other organization making these notifications on behalf of the complainant **AND** the legal counsel representing the complainant.