

Affidavit Instruction Sheet

Dear Ladies:

Thank you for your willingness to complete this affidavit. We hope that the following information will assist you. Your testimony in the affidavit can be used as evidence to help end abortion.

1. An affidavit is a written, signed, sworn statement stating the facts are true. The signature is witnessed and authenticated by a notary public. Your affidavit will provide evidence for legal and legislative efforts to end abortion. It will also contribute to research on the effects of abortion.
2. Be sure to put your name in the upper right hand corner of each page where indicated. If you are unable to answer a question in the space provided, please feel free to provide more complete answers on additional sheets of paper. Be sure to label them with you name and page number.
3. When you have completed the affidavit, take it to a notary. Usually, you can find a notary at a bank. Wait to sign the affidavit until the notary tells you to do so.
4. The notary does not have to read the affidavit. If you do not want it seen, you can cover the document and simply indicate that this is an affidavit and you want the notary to witness your signature.
5. If you have had multiple abortions, you can complete more than one affidavit; however, please indicate if this is abortion #1, 2, 3, etc. If each of your abortions were similar, then you can complete just one.
6. You may use your full name or ask that only your initials be used. But, in either case, we need you to complete the personal information with your full name which is on the last page. When affidavits are submitted to courts or legislatures, your contact information will be deleted.
7. To be part of a “friend of the court brief,” called an amicus brief, you must check the box at the end of the affidavit to authorize Trinity Legal Center to file Friend of the Court briefs on your behalf in abortion related cases. This is the way that your voice can be heard. This will give us your permission to use your name or initials only when we file a “friend of the court” brief with the court.

Sharing your story may be painful or difficult. Please know that we appreciate your willingness to do this. The voices of women are having an impact in the public arena, the legislature, and the courts. For example in *Gonzales v. Carhart*, the partial birth abortion case, the United States Supreme recently recognized that:

While we find no reliable data to measure the phenomenon, it seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustain. Severe depression and loss of esteem can follow.

You can help us provide that data so that the Supreme Court will know how abortion affects women. Thank you for your assistance. We pray God’s peace and comfort as each affidavit is completed. If you have any questions, please contact us.

Sincerely,

Linda Schlueter

Linda L. Schlueter

Affidavit

The State of _____ County of _____

BEFORE ME, the undersigned authority, on this day appeared _____, who being by me duly sworn, upon oath, stated the following facts:

“I am eighteen years or older, and I am of sound mind and competent to make this Affidavit. I have personal knowledge of the facts stated in this Affidavit, and I do solemnly swear that the following facts are true:

1. Year, place, and city/state your abortion occurred: (please complete a separate affidavit form for each abortion)_____

2. Were you pregnant as a result of rape Yes No Incest Yes No

3. Were you sexually abused as a child? Yes No As an adult? Yes No

4. How old were you? _____ How many weeks pregnant were you? _____

5. Did someone go with you? _____ Relationship that person was to you? _____

6. How old was the father? _____ Were you married at the time of the abortion? Yes No

7. Did you tell the father? Yes No What was his response? _____

8. Did anyone pressure you to have an abortion? Yes No Who? _____

9. Type of abortion _____ At Planned Parenthood or other facility? _____

10. I had a sonogram or ultrasound I did not have a sonogram or ultrasound?

11. I requested to see the sonogram or ultrasound I did not request to see the sonogram or ultrasound

12. My request to see the ultrasound or sonogram was Granted Refused

13. What information was given to you about the abortion? _____

14. Were you told that your pregnancy was tissue or blood Not a baby yet Other _____

15. Was there a verbal or written description of fetal development? Yes No Don't recall

16. Were any pictures of fetal development shown to you? Yes No Don't recall

17. Were you told that a baby or human life was within you? Yes No Don't recall

18. Would that fact have influenced your decision to have the abortion? Yes No

19. When and how did you learn it was a baby? _____

20. How did that knowledge affect you? _____

21. What information would have affected your decision? _____

22. When you learned about fetal development or that it was a baby, did that affect you emotionally or psychologically? Yes No How? _____

23. Did you experience any of the following: (check all that you have experienced)

Physical risks include:

- | | | | |
|------------------------------------|-------|---------------------------------------|-------|
| Chronic abdominal pain | _____ | Increased risk of liver cancer | _____ |
| Complications from anesthesia | _____ | Infection | _____ |
| Convulsions | _____ | Infertility (temporary) | _____ |
| Ectopic pregnancy | _____ | Infertility (unable to bear children) | _____ |
| Emergency treatment or taken to ER | _____ | Injury to bladder | _____ |
| Embolism | _____ | Injury to the bowel | _____ |
| Endometritis | _____ | Miscarriage in subsequent pregnancy | _____ |
| Endotoxic shock | _____ | Pelvic Inflammatory Disease (PID) | _____ |
| Fever | _____ | Placenta Previa | _____ |
| Hemorrhaging | _____ | Premature birth in future pregnancies | _____ |
| High risk subsequent pregnancy | _____ | Punctured cervix | _____ |
| Hysterectomy | _____ | Punctured colon | _____ |
| Increased risk of breast cancer | _____ | Punctured uterus | _____ |
| Increase risk of cervical cancer | _____ | Subsequent pre-term delivery | _____ |
| Increased risk of ovarian cancer | _____ | Subsequent post-term delivery | _____ |

Have you been diagnosed with any of the above cancers? _____ Which one? _____
Other (state) _____

Prior to your abortion, were you told of the above risks? All None Some*

* Please place an asterisk next to those you were told about prior to your abortion.

Psychological or emotional risks include:

- | | | | |
|--|-------|--------------------------------|-------|
| Alcohol use/abuse to cope | _____ | Eating disorders | _____ |
| Anger | _____ | Flashbacks | _____ |
| Anger, outburst of anger | _____ | Fear _____ Of what _____ | _____ |
| Anxiety | _____ | Grief | _____ |
| Anxiety attacks | _____ | Guilt | _____ |
| Avoidance of emotional attachment | _____ | Having a "replacement baby" | _____ |
| Avoidance of people | _____ | Inability to trust | _____ |
| Avoidance of places | _____ | Isolation | _____ |
| Avoidance of things | _____ | Lost hope | _____ |
| Child neglect or abuse | _____ | Lowered self-esteem | _____ |
| Denial | _____ | Multiple abortions | _____ |
| Depression | _____ | How many abortions? | _____ |
| Desire for a "replacement baby" | _____ | Nervous disorders | _____ |
| Difficulty concentrating | _____ | Nightmares | _____ |
| Difficulty being around children | _____ | Promiscuity | _____ |
| Difficulty bonding w/subsequent child | _____ | Regret | _____ |
| Difficulty making decisions | _____ | Sexual dysfunction, | _____ |
| Difficulty with relationships with men | _____ | Sleep disorders | _____ |
| Difficulty with other relationships | _____ | Suicidal thoughts and behavior | _____ |
| Divorce _____ How many? | _____ | | |
| Drug use/abuse to cope | _____ | | |

Fear or failure to tell family members or friends _____ It is still a secret _____
Anniversary reactions such as grief or depression _____ other reactions _____

Post-traumatic stress disorder (PTSD or PAS) Yes No Diagnosed? Yes No

Other (state) _____

Prior to your abortion, were you told of the above risks? All None Some*

* Please place an asterisk next to those you were told about prior to your abortion.

24. Did you seek medical or psychiatric help or counseling? No Yes When? _____
What was approximately the financial cost? _____

25. If you had multiple abortions, was better information given to you? Yes No
Explain _____

26. Did it make a difference to you that abortion was legal? Yes No Explain: _____

27. In your own words, how has your abortion affected you? _____

28. How did the abortion affect your family and other relationships? (examples: broken relationships, divorce, child abuse, or over protective of your children) _____

29. Knowing what you know now, was abortion a good choice? Yes No
Explain: _____

30. What economic impact has your abortion had? (i.e., didn't finish school, became a single parent, went on Medicaid or food stamps, etc) _____

31. What would you like to tell the court or legislature about abortion? _____

**You may attach additional pages of testimony, if needed
Please label any additional sheets with name and page number**

“I have read the above and foregoing statement and the same is true and correct.”

I authorize Trinity Legal Center to file Friend of the Court briefs on my behalf in abortion related cases.

Please use my: Full name _____ Initials only _____ Signature: _____
My signature authorizes use of this Affidavit for all purposes

You may contact me Best way to contact me _____ Do not contact me

THIS SECTION IS TO BE COMPLETED BY A NOTARY:

SUBSCRIBED AND SWORN TO before me, the undersigned authority, this the ____ day of _____ 20 ____.

Signed: _____
Notary Public

Printed: _____

YOUR CONTACT INFORMATION WILL NOT BE RELEASED WITHOUT YOUR CONSENT

Please print clearly

Print your full name _____

Address _____

City _____

State _____ Zip Code _____

Phone No. _____ Fax No. _____

E-mail _____

Have you gone through an abortion recovery program? No Yes Which one? _____

Return to: Linda Schlueter, Trinity Legal Center, 11120 Wurzbach, Suite 206, San Antonio, Texas 78230

Contact us: Phone: 210-697-8202 • Fax: 210-697-8203 • E-mail: TLC4Linda@aol.com