The female will have an adult relative/friend present to discuss and witness this agreement.

I am attempting to conceive a baby with my husband/partner:

______________________________________________________

When the physician indicates that I am pregnant, I will provide good prenatal care to hopefully have a healthy baby.

My husband/partner and I have agreed to share all responsibilities concerning my pregnancy and when the baby is born.

My husband/partner understands that if any form of violence and/or abuse is exhibited, it will be reported to the police and a Restraining Order will be requested.

If the embryo/fetus/baby is lost due to my husband/partner's violence and/or abuse, I will request prosecution and a charge of fetal homicide. If the baby is born with any type of disability or requires special needs due to my husband’s/partner’s violence/abuse, I will request prosecution for domestic violence and all future financial needs of the baby/child/teen will be my partner’s responsibility.

______________________________________________________

Signatures:

Female: ___________________________ Date: ___________________

Husband/Partner: ___________________________ Date: ___________________

Female’s Friend/Relative: ___________________________ Date: ___________________

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