MMA
LEGAL

Mrs Alice McClymont
10 Everard Quadrant
Springburn
Glasgow
G21 1XP

Private and Confidential

14 July 2026

Dear Mrs Alice McClymont

We act on behalf of Mr Gavin McClymont in connection with their application arising from the historical abuse they experienced during childhood and/or while in care.

Please find enclosed an Impact Questionnaire. The purpose of this questionnaire is to provide a supporting account of the continuing effect that the claimant's past experiences have had on their everyday life, relationships, emotional wellbeing and ability to function.

As someone who knows, lives with, cares for or regularly supports the claimant, you may have witnessed difficulties that are not always fully reflected in medical records or other formal documents. Your evidence can help explain the impact of the abuse from the perspective of someone who has personally observed and experienced its effects.

How to provide your answers

You may respond in whichever format is easiest for you. Your answers can be:

- handwritten directly on the enclosed questionnaire;
- provided in a separate handwritten letter;
- typed in a Microsoft Word document; or
- written in the body of an email.

You do not need to use formal or legal language. Please answer the questions honestly and in your own words. It is helpful to give specific examples, dates or approximate periods where possible.

Please focus on matters that you have personally seen, heard or experienced. You should make it clear where information was told to you by the claimant rather than witnessed directly by you. Please do not guess or comment on matters outside your own knowledge.

You do not need to answer every question. Please only provide information that you feel comfortable sharing.

Information that must be included

Your completed questionnaire, letter, Word document or email must include:

Claimant's full name:
The full name of the person whose application you are supporting.

Your full name:
Please provide your full legal name.

Your address:
Please provide your current residential address.

Your date of birth:
Please provide your full date of birth.

It would also be helpful to confirm your relationship to the claimant, how long you have known them and how frequently you see, live with or support them.

Statement of Truth

Your supporting evidence must conclude with the following Statement of Truth:

> **I believe that the facts stated in this supporting impact statement are true.**

Please then provide underneath:

Name:
Signature:
Date:

Where the response is sent by email and it is not possible to provide a handwritten signature, please type your full name beneath the Statement of Truth and confirm that your typed name is intended to act as your signature.

Once completed, please return your response to us by email to **evidence@mmalegal.co.uk**

Thank you for taking the time to provide this important supporting evidence. Your account may assist in demonstrating the continuing and often unseen impact that the claimant's historical abuse has had on their life and on those closest to them.

Yours sincerely,

Jay Taylor
Investigations Team

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