

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO

DANIELA ARROYO GONZALEZ;  
VICTORIA RODRIGUEZ ROLDAN;  
J.G.; PUERTO RICO PARA TOD@S

Plaintiffs

vs

RICARDO ROSSELLO NEVARES,  
in his official capacity as Governor of  
the Commonwealth of Puerto Rico;  
RAFAEL RODRIGUEZ-MERCADO,  
in his official capacity as Secretary of  
the Department of Health of the  
Commonwealth of Puerto Rico;  
WANDA LLOVET DIAZ, in her  
official capacity as Director of the  
Division of Demographic Registry  
and Vital Statistics of the  
Commonwealth of Puerto Rico

Defendants

CIVIL 17-1457CCC

**SUMMARY JUDGMENT**

Pursuant to the Findings of Fact and Conclusions of Law set forth in the Opinion and Order issued on this same date, and the Court having found that the Commonwealth's Birth Certificate Policy violates transgender persons' decisional privacy and informational privacy, and further considering that (1) the Commonwealth has adopted a public policy that prohibits discrimination by public agencies and instrumentalities in providing their services, including discrimination based on gender identity, and (2) the Department of Transportation and Motor Vehicles and the Election Commission of the Commonwealth having enabled transgender individuals to apply for new official identifications that display their true gender, without disclosing their

CIVIL 17-1457CCC

2

transgender status, IT IS HEREBY ORDERED, ADJUDGED and DECREED that the Demographic Registry of Puerto Rico shall allow forthwith that transgender individuals change the gender marker in their birth certificates, as delineated in 24 L.P.R.A. section 1136, specifically, by issuing a new birth certificate with the applicant's true gender, without using a strike-out line or otherwise including any information that would disclose a person's transgender status on the face of the birth certificate, in compliance with the Opinion and Order.

It is further ORDERED, ADJUDGED and DECREED that the Demographic Registry of Puerto Rico SHALL ADOPT the criteria of the Department of Transportation and Public Work's "Request to Change Transgender Persons' Gender Marker," DTOP-DIS-324 Form, as the application form to be submitted by transgenders and which shall be accepted as the first step towards the issuance of their new birth certificates, in compliance with the Court's mandate. See Attachment A. The transgender individual shall present the application accompanied by one of the following documents: (1) a passport that reflects the person's true gender, or (2) a driver's license that reflects the person's true gender, or (3) a certification issued by a healthcare professional or mental health professional with whom the person has a doctor-patient relationship stating that based on his or her professional opinion the true gender identity of the applicant is female or male and that it is expected that this will continue to be the gender with which the applicant will identify him or herself in the future. If the applicant has not had any of the documents requested previously issued, a health care professional

CIVIL 17-1457CCC

3

or mental health professional with whom the applicant has a doctor-patient relationship must certify based on his or her professional opinion that the true gender identity of the applicant is ( ) female or ( ) male and that it is expected that this will continue to be the gender with which the applicant will identify him or herself in the future. See Part B of DTOP-DIS-324 Form, which is included as Attachment A to this Judgment

It is hereby ORDERED, ADJUDGED, and DECREED that summary judgment be and is hereby entered DISMISSING this action, WITH PREJUDICE.

SO ORDERED AND ADJUDGED.

At San Juan, Puerto Rico, on April 20, 2018.

S/CARMEN CONSUELO CEREZO  
United States District Judge

DTOP-DIS-324  
DTOP LOGO

THE COMMONWEALTH OF PUERTO RICO  
DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS  
DIRECTORATE OF DRIVER SERVICES

**REQUEST TO CHANGE TRANSGENDER PERSONS GENDER MARKER**

Please provide the information requested below using a pen or any other mechanical keyboard means available to you.

**Part A – APPLICANT’S PERSONAL INFORMATION**

The applicant must present this form accompanied by one of the following documents: birth certificate, passport, or a certification issued by a healthcare professional or a mental health professional with whom they have a doctor-patient relationship. If the applicant has not had any of the documents requested previously issued, a healthcare professional or a mental health professional with whom the applicant has a doctor-patient relationship must complete part B of this form.

_____	_____	_____	_____
Name	Initial	Paternal surname	Maternal surname
Social Security number ____ - ____ - ____		_____	
		Driver’s license/identification card number	
_____		_____	
Street address		Postal address	

I hereby request that a  driver’s license,  identification card, be issued to my name with the gender marker selected below:  
 Female  Male

I, \_\_\_\_\_, having been duly advised and under penalty of perjury, hereto certify: That this petition responds to my exclusive interest in that the driver’s license or identification card issued to me by this Department be in keeping with the gender by which I identify myself, and that I am not making this request with the intent to defraud nor to commit any illegal act.

_____	_____
Applicant’s signature	Date (month/day/year)

**Part B – Information of the Healthcare Clinician evaluating the applicant**

_____	_____	_____
Name of the evaluating healthcare clinician	Initial	Surnames
Medical title of the evaluating healthcare clinician (psychologist, therapist, social worker, Doc, case manager, counselor or assessment specialist")		
_____	_____	_____
Street address	Postal address	
Telephone number (____) - ____ - ____	_____	
	License number of the evaluating healthcare professional or their supervisor	

For all intents and purposes, and based on my professional opinion I certify that the gender identity of the applicant is  female  male, and that it is to be expected that this will continue to be the gender with which the applicant will identify him or herself in the future. I certify, under penalty of perjury, that the information provided herein is true and accurate.

_____	_____	_____
Signature of evaluating healthcare professional/clinician	License No.	Date (month/day/year)

Note: Any person(s) who submit fraudulent information, photographs or who conceals information from the Secretary to obtain a driver's license or identification card will incur in a misdemeanor offense pursuant to Article 3.23 of the Puerto Rico Vehicle and Traffic Act.

Revised on May 3, 2016

www.dotdtop.gop.pr  
3/4/2018

I, ENITH M. VALDÉS, a Certified Interpreter by the Administrative Office of the United States Courts, do hereby certify that this document is a true and accurate translation of its original.