

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
WEST PALM BEACH DIVISION**

Case No.: 9:18-cv-80771-RLR

ROBERT W. OTTO, PH.D., LMFT,  
individually ,and on behalf of his patients,  
JULIE H. HAMILTON, PH.D., LMFT,  
individually and on behalf of her patients,

Plaintiffs,

v.

CITY OF BOCA RATON, FLORIDA, and  
COUNTY OF PALM BEACH, FLORIDA,

Defendants.

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**JOINT NOTICE OF FILING JULIE H. HAMILTON, PH.D., LMFT'S  
OBJECTIONS AND RESPONSES TO PALM BEACH COUNTY'S PRELIMINARY  
INJUNCTION INTERROGATORIES AND REQUESTS FOR ADMISSIONS**

The Defendants, PALM BEACH COUNTY and CITY OF BOCA RATON, by and through the undersigned counsel, hereby file this Notice of Filing Julie H. Hamilton, Ph.D., LMFT's Objections and Responses to Palm Beach County's Preliminary Injunction Interrogatories served on August 20, 2018 (attached hereto as Exhibit A) and Julie H. Hamilton, Ph.D., LMFT's Objections and Responses to Palm Beach County's Preliminary Injunction Requests for Admissions served on August 16, 2018 (attached hereto as Exhibit B).

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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on September 10, 2018, I electronically filed the foregoing with the Clerk of Court by using the CM/ECF system, which will send an electronic notice to the authorized CM/ECF filers.

/s/ Rachel Fahey

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IN THE UNITED STATES DISTRICT COURT FOR  
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT, )  
individually and on behalf of his patients, )  
JULIE H. HAMILTON, PH.D., LMFT, )  
individually and on behalf of her patients, )

Civil Action No.: 9:18-cv-80771-RLR

Plaintiffs, )

**INJUNCTIVE RELIEF SOUGHT**

v. )

CITY OF BOCA RATON, FLORIDA, )  
and COUNTY OF PALM BEACH, )  
FLORIDA, )

Defendants )

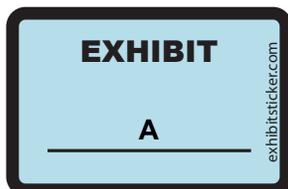
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**PLAINTIFF JULIE H. HAMILTON, PH.D., LMFT’S OBJECTIONS AND RESPONSES  
TO THE PRELIMINARY INJUNCTION INTERROGATORIES OF  
DEFENDANT PALM BEACH COUNTY**

Pursuant to Fed. R. Civ. P. 26 and 33, and Local Rule 26.1, Plaintiff Julie H. Hamilton, Ph.D., LMFT (“Hamilton”), by and through counsel, hereby provides the following responses and objections to Defendant County of Palm Beach’s Preliminary Injunction Interrogatories. Hamilton hereby reserves all objections to the relevance, use or admissibility of any of these Interrogatories and responses. Subject to the foregoing, Hamilton objects and otherwise responds as follows:

1. Please state the name and address of the person or persons answering these interrogatories and if applicable the official position or relationship with the party to whom the interrogatories are directed.

**RESPONSE:** The person providing the substantive information disclosed in these interrogatory responses, and verifying them under oath, is Plaintiff Julie H. Hamilton, who may be contacted through her undersigned counsel. The objections to these interrogatories are made by the undersigned counsel.



2. Explain the legal basis for your assertion that a minor can legally undergo gender reassignment surgery and breast augmentation without the consent of a parent or legal guardian.

**OBJECTION:** Hamilton objects to this Interrogatory because it misstates Hamilton's positions. Hamilton further objects to this interrogatory because it expressly calls for a legal conclusion. Hamilton is not a lawyer. The "legal basis" for her positions is provided by her counsel in briefs, and is not a proper subject of interrogatories to Hamilton.

3. Describe in detail everything you included when you sought the informed consent of a minor to conduct any therapeutic practice that seeks to change the minor's sexual orientation or gender identity.

**OBJECTIONS:** Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton's speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail everything" she says or does on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally says or does, or wishes to say or do, on the requested topic. To the extent Hamilton provides examples, they are not exhaustive or inclusive of "everything" Hamilton says or does, or wishes to say or do, in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

**RESPONSE:** Hamilton does not "conduct any therapeutic practice" as if it is something "done" to a client. Hamilton's practice involves only talk therapy, which is a conversation that takes place between herself and the client. Hamilton asks the client what his or her goal is and how the client believes Hamilton can be helpful to them during the course of therapy.

When a client presents with a therapeutic goal of conforming their attractions and behaviors to their sincerely held religious beliefs or desires to reduce or eliminate unwanted same-sex attractions, behaviors, identity, or gender confusion, Hamilton discusses the reasons why the client desires such counseling. Hamilton explains that there are no absolute guarantees in mental health counseling. Hamilton explains that behavior and thoughts are changeable, but that there is no guarantee feelings or attractions will always change. Hamilton also informs the client that while many clients can and do experience a successful reduction or elimination of their unwanted same-sex attractions, behaviors, or identity or gender confusion, there is no guarantee that such results are always attainable or equal in degree.

4. Describe in detail everything you included when you sought the informed consent of a minor to conduct any therapeutic practice that seeks to reduce or eliminate “unwanted same-sex attractions or behaviors.”

**OBJECTIONS:** Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton’s speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail everything” she says or does on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally says or does, or wishes to say or do, on the requested topic. To the extent Hamilton provides examples, they are not exhaustive or inclusive of “everything” Hamilton says or does, or wishes to say or do, in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

**RESPONSE:** Hamilton does not “conduct any therapeutic practice” as if it is something “done” to a client. Hamilton’s practice involves only talk therapy, which is a conversation that takes place between herself and the client. Hamilton asks the client what his or her goal is and how the client believes Hamilton can be helpful to them during the course of therapy.

When a client presents with a therapeutic goal of conforming their attractions and behaviors to their sincerely held religious beliefs or desires to reduce or eliminate unwanted same-sex attractions, behaviors, identity, or gender confusion, Hamilton discusses the reasons why the client desires such counseling. Hamilton explains that there are no absolute guarantees in mental health counseling. Hamilton explains that behavior and thoughts are changeable, but that there is no guarantee feelings or attractions will always change. Hamilton also informs the client that while many clients can and do experience a successful reduction or elimination of their unwanted same-sex attractions, behaviors, or identity or gender confusion, there is no guarantee that such results are always attainable or equal in degree.

5. Describe in detail everything you wish to be able to say outside of a therapy session that you contend is prohibited by the County's ordinance.

**OBJECTIONS:** Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail everything" she wishes to say or do on the requested subject. This is impossible to do in an interrogatory response, particularly where the Interrogatory purports to ask about every situation "outside of a therapy session" that Hamilton would ever find herself in, or every speech, communication, presentation or interaction "outside of a therapy session" that Hamilton would ever participate in. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally might wish to say in some instances outside of a formal therapy session. To the extent Hamilton provides examples, they are not exhaustive or inclusive of "everything" Hamilton wishes to say in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

Hamilton further objects to this Interrogatory because it calls for a legal conclusion. Hamilton is not a lawyer, but will provide her understanding of how the Ordinance, which is vague and ambiguous, appears to work in some instances.

**RESPONSE:** Hamilton notes that, according to the Ordinance, so-called "conversion therapy" – which Hamilton has never used to describe her practice and knows of no other licensed mental health professional who employs such term – means "the practice of seeking to change an individual's sexual orientation or gender identity, including but not limited to efforts to change behaviors, gender identity, or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender or sex." Hamilton notes that the Ordinance also states that, "It shall be unlawful for any Provider to engage in conversion therapy on any minor regardless of whether the Provider receives monetary compensation in exchange for such services."

Hamilton is left to guess at any number of situations in which these provisions would prohibit her from discussing certain issues outside of a formal therapy session. Based on the Ordinance, as a licensed provider, Hamilton is not permitted to attempt to help a minor with changes the minor wishes to make, even if she is not getting paid. Even if Hamilton

is outside of her counseling office, and merely talking to or trying to help a friend's son or daughter address their unwanted same-sex attractions, behaviors, identity, or gender confusion, the Ordinance would prohibit that kind of speech. Under the Ordinance, Hamilton also notes that such a restriction would apply to conversations she would have with her own children or with other children in her extended family.

The Ordinance prohibits "the practice of seeking to change," which in Hamilton's field consists of conversations between her and those whom she is trying to help. Therefore, the Ordinance prohibits Hamilton from even having conversations that would seek to help minors with changes they wish to make in the areas prohibited by the Ordinance, even if she is outside the office, not getting paid for such help. Hamilton also notes that such a broad prohibition may even apply to her giving lectures, speeches, or lessons at a church or local organization that desires to assist parents and children who are struggling with such issues.

Hamilton would also like to be able to advertise her services to minors who seek to reduce or eliminate their unwanted same-sex attractions, behaviors, identity, or gender confusion (and their parents). Hamilton would like to be able to advertise on websites, through radio, in published print, in brochures, through verbal communications, and via other mechanisms to offer her services in this area. Because of the Ordinance, however, Hamilton is prohibited from distributing such advertisements because she cannot advertise something that she is not legally permitted to offer.

6. Describe in detail everything you wish to be able to say in therapy to a minor patient that you contend is prohibited by the County's ordinance.

**OBJECTIONS:** Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail everything" she wishes to say or do on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally might wish to say in some instances in a therapy session with a minor. To the extent Hamilton provides examples, they are not exhaustive or inclusive of "everything" Hamilton wishes to say in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

Hamilton further objects to this Interrogatory because it calls for a legal conclusion. Hamilton is not a lawyer, but will provide her understanding of how the Ordinance, which is vague and ambiguous, appears to work in some instances.

**RESPONSE:** Hamilton contends that the Ordinance is prohibiting her from saying anything that might possibly be construed, understood, or inferred to be seeking to help a minor reduce or eliminate unwanted same-sex attractions, behaviors, or identity or gender confusion, even when such statements are not uttered with the express aim of changing a

minor's sexual orientation or gender identity. Hamilton notes that she does not engage in therapy where her goal is to change any client's sexual orientation or gender identity, but that she seeks to help clients achieve the goals that the clients themselves determine are appropriate for them. Under the Ordinance, not only is Hamilton prohibited from engaging in such talk therapy with her clients, but her clients are prohibited from even having certain goals in the therapeutic alliance, even when those goals are necessary for the clients to live consistently with their sincerely held religious beliefs, values, and concept of self.

Hamilton cannot possibly describe in this response every potential issue or statement that she might like to address in a therapeutic setting because her talk therapy practice is never the same for every client. Hamilton's practice focuses on conversations and discussions that address what the clients present with, what the clients wish to explore or address, and the goals and aims that the clients wish to pursue.

As it relates to potential clients who present with unwanted same-sex attractions, behaviors, or identity, Hamilton in some instances would like to ask questions such as: "Since you are distressed about being in a relationship with a boy [or girl, for female clients], would you like to talk about ways you can get out of that relationship? What ideas have you thought of so far? What have you tried? What steps would you like to take? What purpose is that relationship filling in your life?" Hamilton might also discuss things related to identifying and addressing underlying issues, such as sexual abuse, pornography exposure, or familial relationship issues. The Ordinance prohibits these kinds of discussions because they may lead to change or may be construed as "efforts to change."

If a client appears to be adopting a sexual identity label for external reasons (such as to fit in, to anger the parents, or due to confusion inflicted by cultural messages) rather than having a true internal sense of that identity, Hamilton is not permitted to explore any changes to that "identity" – even if that "identity" does not conform with the individual's true concept of self.

As it relates to potential biological male clients who present with gender confusion or gender identity issues, Hamilton in some instances would like to ask questions such as: "What do you like/not like about boys? What do you like/not like about girls? At what times or in what circumstances do you feel more confident as a boy? When do you enjoy being a boy?" The Ordinance prohibits these kinds of discussions because they may lead to change or may be construed as "efforts to change."

7. Describe in detail what "talk therapy" practices you employed, prior to the passage of the County's ordinance, to reduce or eliminate same-sex attractions. Specify what concepts and information you communicated as "truth," what advice was generally given, and what tools you generally recommended the minor employ.

**OBJECTIONS:** Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail” the therapy she provided and advice she gave to every SOCE counseling client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton’s general approach to talk therapy with same-sex attracted clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

**RESPONSE:** Hamilton notes that she does not try to eliminate attractions, just as she does not claim she can eliminate any distressing issue that any client presents in therapy. With regard to reducing same-sex attractions, behaviors, or identity, this is sometimes the result of the client better understanding the attractions and addressing underlying issues. Hamilton’s practice deals only with assisting clients achieve their own goals, addressing the issues the clients wish to address, and focusing solely on the clients’ needs.

With regard to Hamilton’s approach, she is a client-centered family therapist. She seeks to work from the client’s frame of reference, honoring the client’s perspective and using the resources that the client presents. Hamilton explores the client’s perspective and does not enter any therapeutic alliance with any preconceived notions of what goals or issues the client may wish to address. Hamilton also searches for client strengths and builds on those strengths. In addition, Hamilton works to understand and strengthen family relationships. She helps clients to understand the root causes of their feelings or behaviors, and also helps them to make the changes they are seeking.

Many of Hamilton’s clients identify themselves as Christians and have sincerely held religious beliefs that the Bible is the only source of truth. Various Biblical truths are sometimes discussed with these Christian clients.

The tools that Hamilton typically deploys are primarily ideas that she can elicit from the client. She believes in client-centered therapy, and that the most effective ideas are those that the client brings up. In addition, Hamilton asks questions, listens, empathizes, seeks to expand options for the client, introduces possible explanations, such as sharing theories of attachment and the role of early parental nurture, and explores whether or not such theories fit for the client.

Hamilton incorporates her response to Interrogatory 6 for additional illustrations of her talk therapy sessions with same-sex attracted clients prior to the enactment of the Ordinance.

8. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the efficacy of the therapy you describe in your answer to interrogatory number 7 above.

**OBJECTION/RESPONSE:** Hamilton objects to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and impracticable, as it would call for a virtually endless production of every possible article, research paper, report, etc. that supports the use of client-centered therapy. Construing this Interrogatory as limited to those articles, research papers, and reports that Hamilton has reviewed, gained some personal insight from, and recalls as of the time of this response, Hamilton provides the following response: See PLJoint 081-793 produced in response to the County's Requests for Production. In addition, see:

de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.

Duncan, B. L., Hubble, M. A., & Miller, S. D. (1997). *Psychotherapy with impossible cases: Efficient treatment of therapy veterans*. New York: W. W. Norton.

Duncan, B. L., Hubble, M. A., & Miller, S. D. (1997, July/August). Stepping off the throne. *Family Therapy Networker*, 22-33.

Duncan, B. L., Hubble, M. A., Rusk, G. (1994). To intervene or not to intervene? That is not the question. *Journal of Systemic therapies*, 13, (4), 22-30.

Duncan, B. L., & Miller, S. D. (2000) *The heroic client: Doing client-directed, outcome-informed therapy*. San Francisco: Jossey-Bass.

Hubble, M. A., Miller, S. D., & Duncan, B. L. (Eds.). (1999). *The heart and soul of change: What works in therapy*. American Psychological Association.

Miller, S. D., Hubble, M. A., & Duncan, B. L. (Eds.) (1996) *Handbook of solution-focused brief therapy*. San Francisco: Jossey-Bass.

Selekman, M. D. (1997). *Solution-Focused Therapy with children: Harnessing the strengths for systemic change*. New York: Guilford Press.

Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy*. New York: Brunner/Mazel.

9. Describe in detail what “talk therapy” practices you employed, prior to the passage of the County’s ordinance, to seek to change a minor’s sexual orientation or gender identity. Specify what concepts and information you communicated as “truth,” what advice was generally given, and what tools you generally recommended the minor employ.

**OBJECTIONS:** Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail” the therapy she provided and advice she gave to every SOCE counseling client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton’s general approach to talk therapy with same-sex attracted clients or gender confused clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

**RESPONSE:** Hamilton notes that she does not try to change her clients’ sexual orientation or gender identity. Hamilton’s practice deals only with assisting clients achieve their own goals, addressing the issues the clients wish to address, and focusing solely on the clients’ needs.

With regard to Hamilton’s approach, she is a client-centered family therapist. She seeks to work from the client’s frame of reference, honoring the client’s perspective and using the resources that the client presents. Hamilton explores the client’s perspective and does not enter any therapeutic alliance with any preconceived notions of what goals or issues the client may wish to address. Hamilton also searches for client strengths and builds on those strengths. In addition, Hamilton works to understand and strengthen family relationships. She helps clients to understand the root causes of their feelings or behaviors, and also helps them to make the changes they are seeking.

Many of Hamilton’s clients identify themselves as Christians and have sincerely held religious beliefs that the Bible is the only source of truth. Various Biblical truths are sometimes discussed with these Christian clients.

The tools that Hamilton typically deploys are primarily ideas that she can elicit from the client. She believes in client-centered therapy, and that the most effective ideas are those that the client brings up. In addition, Hamilton asks questions, listens, empathizes, seeks to expand options for the client, introduces possible explanations, such as sharing theories of attachment and the role of early parental nurture, and explores whether or not such theories fit for the client.

Hamilton incorporates her response to Interrogatory 6 for additional illustrations of her talk therapy sessions with same-sex attracted clients prior to the enactment of the Ordinance.

10. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the efficacy of the therapy you describe in your answer to interrogatory number 9 above.

**OBJECTION/RESPONSE:** Hamilton incorporates by reference, as if fully restated herein, her Objection/Response to Interrogatory 8.

11. Describe in detail what you tell minors in therapy, as part of your therapeutic practice, are the root causes of their “unwanted same-sex attractions, behaviors, and identity.”

**OBJECTIONS:** Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton’s speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail” what she has told every SOCE counseling minor client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton’s general approach to talk therapy with same-sex attracted clients and gender confused clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

**RESPONSE:** According to the research, there is no conclusive information about the root causes of unwanted same-sex attractions, behaviors, and identity. According to the APA, both nature and nurture play a role. According to the APA Handbook on Sexuality and Psychology (2014), there may be a link between lack of a same-sex parent and later

homosexuality. The authors of various studies have also described a possible correlation between sexual abuse and homosexuality.

In her client-centered therapy, Hamilton does not present theories as facts, but rather as theories. Hamilton asks clients if they would like to hear possible explanations for homosexual attractions and asks if those explanations fit for them or not. In many cases, Hamilton first listens to clients' own experiences and then explains theories that match those experiences. Examples of some contributing factors might include: a sensitive temperament (nature); insecure sense of gender identity in childhood; lack of attachment to the same-sex parent; lack of attachment to same-sex peers; parental rejection; peer rejection; over-identification with the opposite-sex parent in early childhood; over-identification with opposite-sex peers in early childhood; sexual abuse or early sexual exposure, such as through pornography; cultural influences; and so forth. Every person is different. Hamilton believes there are many pathways into and out of homosexuality. Therefore, Hamilton does not impose narrow explanations on individuals but instead explores with each client if and how developmental explanations might fit with their specific experiences.

12. Describe in detail what you tell minors in therapy, as part of your therapeutic practice, about gender roles and identities.

**OBJECTION:** Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton's speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail" what she has told every SOCE counseling minor client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton's general approach to talk therapy with same-sex attracted clients and gender confused clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

**RESPONSE:** Hamilton does not currently recall a specific conversation with a minor concerning gender roles prior to the enactment of the Ordinance. However, if a minor asked for information about gender differences or identities, Hamilton would talk about gender from the point of view that all people are either male or female (unless born with an intersex condition) and that there are wonderful differences between males and females. Hamilton would discuss that we each have a purpose and that we find the most peace in embracing who we were born to be.

13. Describe the principles and methods of the “talk therapy” practices you wish to use but claim that you cannot because of the passage of the County’s ordinance.

**OBJECTION/RESPONSE:** Hamilton incorporates by reference, as if fully restated herein, her Objections and Responses to Interrogatories 6, 7 and 9.

In addition, Hamilton states that, because the Ordinance is vague and ambiguous, she does not know how the County is interpreting and applying it, and she does not know the full extent of what the Ordinance prohibits. In essence, the Ordinance prohibits Hamilton from assisting her minor clients in accomplishing the goals they have for their lives, many of which arise because of their sincerely held religious beliefs, values, and concept of self. Some of her clients’ goals are no longer permissible under the Ordinance. The County has taken away the fundamental right of certain clients to self-determination in that they cannot have the goals of changing homosexual behaviors, seeking to understand and thereby diminish, if possible, homosexual attractions; and becoming more secure in their biological sex when their gender identity does not match their biological sex.

14. Describe the principles and methods of the “talk therapy” practices that can reduce or eliminate same-sex attractions.

**OBJECTION/RESPONSE:** Hamilton incorporates by reference, as if fully restated herein, her Objections and Responses to Interrogatories 6, 7 and 9.

In addition, therapy for clients who present with sincerely held religious beliefs, values, goals, or desires to address issues relating to reducing unwanted same-sex attractions is similar to therapy for other issues. There are many mainstream methods that have been found to be useful, such as Interpersonal Therapy, Psychodynamic Therapy, Cognitive Therapy, etc. Hamilton’s personal approach is a client-directed, solution-focused approach that also includes Family Therapy, Attachment Theory, and Psycho-education.

15. Describe the principles and methods of the “talk therapy” practices that can change a minor’s sexual orientation or gender identity.

**OBJECTION/RESPONSE:** Hamilton incorporates by reference, as if fully restated herein, her Objections and Responses to Interrogatories 6, 7, 9 and 14.

In addition, Hamilton works with parents to help them relate in more effective ways. For younger children, Hamilton spends more time with the parents and less time with the child. For older children, Hamilton might spend equal time with parent and child. For teenagers, Hamilton might spend more time with the teen and less time with the parent, depending on the specific situation.

16. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the conclusion that unwanted same-sex attractions result from trauma.

**OBJECTION/RESPONSE:** Hamilton objects to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and impracticable, as it would call for a virtually endless production of every possible article, research paper, report, etc. that supports the correlation between unwanted same-sex attractions and sexual abuse or trauma. Construing this Interrogatory as limited to those articles, research papers, and reports that Hamilton has reviewed, gained some personal insight from, and recalls as of the time of this response, Hamilton provides the following response:

According to research studies, there is a correlation between sexual abuse and later homosexual relationships. However, not all homosexuals were sexually abused. Another traumatic factor identified by researchers is lack of a same-sex parent.

The APA Handbook on Sexuality and Psychology (2014) states:

“Much has been written about the association between childhood sexual abuse and subsequent homosexuality. Indeed, studies using varying methodologies have reported a correlation between different types of child abuse and varying components of a homosexual sexual orientation, including data from clinical samples and case studies, surveys of MSM, and cross-sectional surveys (reviewed in Purcell, Patterson, & Spikes, 2007; H. W. Wilson & Widom, 2010). Not all studies, however, have found this pattern of results. Furthermore, some evidence suggests that the relationship may be stronger among men than women. The largest reviews of the literature in this area indicated that MSM report rates of childhood sexual abuse that are approximately three times higher than that of the general male population (Purcell, Malow, Dolezal, & Carballo-Diequez, 2004). One of the most methodologically rigorous studies in this area used a prospective longitudinal case-control design that involved following abused and matched non-abused children

into adulthood 30 years later. It found that men with documented histories of childhood sexual abuse had 6.75 times greater odds than controls of reporting ever having same-sex sexual partners (H. W. Wilson & Widom, 2010). To help control for possible confounding factors, the authors conducted post hoc analyses controlling for number of lifetime sexual partners and sex work, but the association remained. The effect in women was smaller (odds ratio = 2.11) and a statistical trend ( $p = .09$ ).”

Hamilton also notes the following articles:

Mustanski, B., Kuper, L., and Geene, G. (2014) Chapter 19: Development of sexual orientation and identity. In Tolman, D., & Diamond, L., Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, 1: 609.

Frisch, M. and Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes. *Archives of Sexual Behavior*, 35:533-547.

Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same- sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765> p. 487.

Francis, A. M. (2008). Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4), 371-377. DOI:10.1080/00224490802398357, p. 376.

17. Have you ever counseled a minor to assist them in coping with wanted same-sex attractions? If so, please identify how many minors you have so helped in the last 5 years.

**RESPONSE:** If a minor has “wanted same-sex attractions,” they typically do not need assistance in coping with those attractions. Thus, Hamilton has not encountered clients who identify as homosexual and desire to live according to that identity, and who need assistance coping with their attractions. Hamilton has had clients who did not want to seek change of attractions, behavior, or gender identity even though their parents hoped they would seek such change. In those cases, Hamilton usually asked the minor if there was a different goal that she could help them accomplish. Some minors said, “no” and other minors identified a different goal. The most common goal of those minors was for Hamilton to help them communicate with their parents or to improve family relationships. Hamilton assisted with those goals.

In the last 5 years, Hamilton has met with 7 minors who wanted their same-sex attractions or transgender identity. Out of the 7 that wanted their same-sex attractions or transgender identities, 4 wanted to return beyond the initial visit to work on another goal, such as family relationships. In those cases, Hamilton helped them work towards their goals, as she always

does in her client-centered and client-directed marriage and family therapy practice.

18. In the year prior to the passage of the County's ordinance at issue, what percentage of your practice involved counseling that sought to change a minor's gender identity of [*sic*] sexual orientation and what percentage of your counseling sought to assist a minor in embracing or coping with a non-heterosexual orientation or a gender identity that differed from their anatomical sex?

**RESPONSE:** As stated in response to Interrogatory No. 17, Hamilton has not had clients who sought assistance in coping with wanted same-sex attractions or wanted gender identity that is different from anatomical sex, because the clients, who were not seeking change, stated that they were already embracing a non-heterosexual identity or transgender identity. As such, Hamilton was not presented with a client who stated that his or her goal was to be able cope with an attraction or identity that differed from their own concept of self.

Prior to the passage of the Ordinance, Hamilton had 13 minors who sought help with changing their unwanted same-sex attractions, behaviors, or gender identity, and 19 minors who did not want to change their same-sex attractions, behaviors, or gender identity. Hamilton was always willing to work with all of the minors that came to her for therapy, including the clients who were not seeking change, as explained in her response to Interrogatory 17.

19. Explain with specificity and in detail (a) the decline in profit your practice has sustained since or as a result of the passage of the County's conversion-therapy ban ordinance at issue; (b) identify the actual dollar amount of the decline in profit; (c) and identify the specific methodology you utilized to compute (a) and (b) above.

**OBJECTION:** Hamilton objects to this Interrogatory on the grounds that it is premature. The Preliminary Injunction Hearing is concerned exclusively with the irreparable and incalculable harm that the unconstitutional Ordinance is imposing on Hamilton and her clients each and every day it remains in effect, by virtue of its indiscriminate ban on constitutionally protected speech, and its violation of other constitutional liberties. This is the primary harm this lawsuit seeks to redress. Accordingly, it is not proper for "Preliminary Injunction Interrogatories" to request a calculation of money damages. Hamilton does not seek money damages at the Preliminary Injunction Hearing.

In the subsequent merits and damages phase of discovery following the Preliminary Injunction Hearing, Hamilton will attempt to calculate her lost revenues and profits from the clients she has had to turn away following enactment of the Ordinance, and will provide same to Defendants, provided Defendants stipulate that such disclosure does not amount

to any waiver of Hamilton's Fifth Amendment Privilege with respect to any other information. To the extent lost revenues and profits from clients turned away on account of the Ordinance can be calculated, they would constitute only a portion of the harm suffered by Hamilton and her clients, and they could not make Hamilton or her clients whole for the irreparable harm imposed by the Ordinance.

20. Identify by first and last initial and age only all minor clients with whom you completely terminated your professional relationship because of the passage of the County's ordinance at issue and the date of the termination.

**OBJECTION:** Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance.

Hamilton further objects to this interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks her to divulge too much identifying information regarding her clients.

Hamilton is willing to provide the number of "Doe" clients or potential clients, and their ages, whom she has had to turn away, or for whom she has had to alter the scope of therapy on account of the Ordinance, but only if Defendants stipulate that such disclosure does not amount to any waiver of Hamilton's Fifth Amendment Privilege, or the psychotherapist-patient privilege, with respect to any other information.

21. Identify by first and last initial and age only all minor clients with whom you substantially changed your professional relationship because of the passage of the County's ordinance at issue.

**OBJECTION:** Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance.

Hamilton further objects to this interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks her to divulge too much identifying information regarding her clients.

Hamilton is willing to provide the number of "Doe" clients or potential clients, and their ages, whom she has had to turn away, or for whom she has had to alter the scope of therapy on account of the Ordinance, but only if Defendants stipulate that such disclosure does not amount to any waiver of Hamilton's Fifth Amendment Privilege, or the psychotherapist-patient privilege, with respect to any other information.

22. Identify by first and last initial and age only all clients whom were minors (under age 18) when they initially engaged your counseling services that are or were experiencing unwanted same-sex attractions and wanted to reduce or eliminate the unwanted desire within the last ten years.

**OBJECTION:** To the extent the Interrogatory purports to request information about Hamilton's minor clients after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to the nine (9) years prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks her to divulge too much identifying information in relation to these clients. Hamilton construes this Interrogatory to only request the number and respective ages of clients seeking help for unwanted same-sex attractions or gender identity confusion.

**RESPONSE:** Hamilton does not have clients whose only goal is to reduce or eliminate unwanted desires, as stated in the Interrogatory. Hamilton makes sure that her clients understand that change of attraction might happen as they work on root issues, but there is no guarantee that desires will change. Her clients' goals usually include wanting to change behaviors, wanting to understand their attractions, and wanting to reduce their attractions if possible. Hamilton also notes that, particularly with minors, goals may change throughout the course of therapy due to the nature of adolescence. Some may not have started with the goal of changing, but may have expressed a desire to change at some point during the course of therapy, and others may have started with the goal of changing and then altered the goal throughout the course of therapy.

In the nine (9) years prior to the enactment of the Ordinance, Hamilton had the following minor clients who sought help with unwanted same-sex attractions or gender identity confusion:

Doe 1 (age 6): gender identity confusion  
Doe 2 (age 12): unwanted same-sex attractions or behaviors  
Doe 3 (age 16): unwanted same-sex attractions or behaviors  
Doe 4 (age 15): unwanted same-sex attractions or behaviors  
Doe 5 (age 10): gender identity confusion  
Doe 6 (age 17): unwanted same-sex attractions or behaviors  
Doe 7 (age 13): unwanted same-sex attractions or behaviors  
Doe 8 (age 14): unwanted same-sex attractions or behaviors  
Doe 9 (age 17): unwanted same-sex attractions or behaviors  
Doe 10 (age 16): unwanted same-sex attractions or behaviors  
Doe 11 (age 16): unwanted same-sex attractions or behaviors

23. Do you admit that therapy you wish to provide is a mental health treatment? If not, please explain why.

**RESPONSE:** Hamilton admits that the SOCE counseling she wishes to provide to the minor clients who seek and desire it is a form of treatment carried out solely through speech, and agrees with the Eleventh Circuit Court of Appeals that characterizing speech as treatment or procedure in an effort to afford it less First Amendment protection is a dubious constitutional enterprise.

24. Do you admit that therapy you wish to provide is professional conduct? If not, please explain why.

**RESPONSE:** Hamilton denies that the SOCE counseling she wishes to provide to the minor clients who seek and desire it is professional conduct, and agrees with the Eleventh Circuit Court of Appeals that characterizing speech as conduct in an effort to afford it less First Amendment protection is a dubious constitutional enterprise.

As to Objections:

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**VERIFICATION**

I, Julie H. Hamilton, Ph.D., LMFT, declare under penalty of perjury under the laws of the United States of America that the foregoing interrogatory responses are true and correct.

/s/ Julie H. Hamilton

Julie H. Hamilton, Ph.D., LMFT

**CERTIFICATE OF SERVICE**

I hereby certify that on this 20th day of August 2018, a true and correct copy of the foregoing was served on all counsel of record via electronic mail, including:

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Horatio G. Mihet

Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT FOR  
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT, )  
individually and on behalf of his patients, )  
JULIE H. HAMILTON, PH.D., LMFT, )  
individually and on behalf of her patients, )

Civil Action No.: 9:18-cv-80771-RLR

Plaintiffs, )

**INJUNCTIVE RELIEF SOUGHT**

v. )

CITY OF BOCA RATON, FLORIDA, )  
and COUNTY OF PALM BEACH, )  
FLORIDA, )

Defendants )

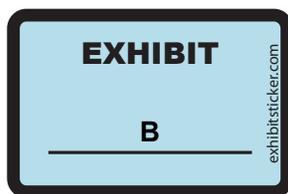
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**PLAINTIFF JULIE H. HAMILTON, PH.D., LMFT’S RESPONSES AND OBJECTIONS  
TO THE PRELIMINARY INJUNCTION REQUESTS FOR ADMISSION  
OF DEFENDANT PALM BEACH COUNTY**

Pursuant to Fed. R. Civ. P. 26 and 36, and Local Rule 26.1, Plaintiff Julie H. Hamilton, Ph.D., LMFT (“Hamilton”), by and through counsel, hereby provides the following responses and objections to Defendant County of Palm Beach’s Preliminary Injunction Requests for Admission. Unless specifically admitted, each Request or part thereof is hereby DENIED. Any and all admissions are subject to the qualifications and conditions stated in the response containing that admission, and subject to any stated objections. Hamilton hereby reserves all objections to the relevance, use or admissibility of any of these requests and responses. Subject to the foregoing, Hamilton admits, denies, objects and otherwise responds as follows:

1. Admit that your professional conduct is subject to government regulation.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Notwithstanding, Hamilton admits that her professional conduct is subject to government regulation at the state level by the State of Florida Department of Business and Professional Regulation, which licenses and regulates the practice of mental health professions within legal and constitutional boundaries. Hamilton denies that her professional conduct is subject to regulation by local (county or city) governments.



2. Admit that local governments have the power to regulate ineffective medical and mental health treatments.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Notwithstanding, Hamilton denies that local governments have the power to regulate medical and mental health treatments.

3. Admit that local governments have the power to regulate harmful medical and mental health treatments.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Notwithstanding, Hamilton denies that the local governments have the power to regulate medical and mental health treatments.

4. Admit that Palm Beach County has the police power to regulate the practice of professions.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Notwithstanding, Hamilton denies that Palm Beach County has the power to regulate licensed professionals in the conduct or practice of their profession.

5. Admit that Palm Beach County has the police power to legislate in the interest of protecting the physical and psychological well-being of minors.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Notwithstanding, Hamilton admits that Palm Beach County has the power to legislate in the interest of protecting the well-being of minors, but only to the extent such legislation is authorized under the Florida Constitution and statutes, and only if such legislation does not violate statutory or constitutional protections.

6. Admit that protecting the physical and psychological well-being of minors is a legitimate government interest.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Notwithstanding, Hamilton admits that protecting the well-being of minors from provable serious or fatal harm is a legitimate government interest. Hamilton otherwise denies this request.

7. Admit that Palm Beach County has a compelling interest in protecting the physical and psychological well-being of minors.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Notwithstanding, Hamilton admits that protecting the well-being of minors from provable serious or fatal harm is a compelling government interest. Hamilton otherwise denies this request.

8. Admit that protecting the integrity and ethics of medical and mental health professions is a legitimate government interest.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls of a legal conclusion. Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Notwithstanding, Hamilton admits that protecting the integrity and ethics of medical and mental health professions, subject to constitutional and statutory protections, is a legitimate government interest for those governmental bodies constitutionally and statutorily empowered to regulate such professions, in this case the State of Florida and its agencies. Hamilton denies that protecting the integrity and ethics of medical and mental health professions is a legitimate interest of local governments.

9. Admit that Palm Beach County has a compelling interest in protecting the integrity and ethics of medical and mental health professions.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls of a legal conclusion. Notwithstanding, Hamilton denies this request.

10. Admit that a government's authority over minor's activities is broader than like actions of adults.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls of a legal conclusion. Hamilton further objects to this request because it is vague and ambiguous in that it fails to specify the "activities" as to which it seeks an admission or the level or branch of "government" to which it refers. Notwithstanding, Hamilton admits that, subject to constitutional and statutory protections, an appropriate government body may regulate certain activities of minors, such as driving, smoking or drinking, to a greater extent than it can for adults. Hamilton denies that any government body can exceed its proper authority, violate or intrude upon the parent-child relationship, override the parents' duty or responsibility to direct the upbringing of their children, or otherwise violate the statutory or constitutional rights of minors or adults.

11. Admit that being lesbian, gay, bisexual, or transgender is not a mental disease.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is compound. Hamilton further objects to this request because it is vague and ambiguous in that it fails to identify terms like “transgender” and “mental disease.” Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton states that the practice of mental health professionals is to treat the underlying issues manifesting in psychological distress for a client. Notwithstanding, Hamilton admits that the Diagnostic and Statistical Manual of Mental Disorders does not list “being lesbian, gay, bisexual or transgender” as a mental condition, although it does list “gender dysphoria.”

12. Admit that being lesbian, gay, bisexual, or transgender is not a mental disorder.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is compound. Hamilton further objects to this request because it is vague and ambiguous in that it fails to identify terms like “transgender” and “mental disorder.” Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton states that the practice of mental health professionals is to treat the underlying issues manifesting in psychological distress for a client. Notwithstanding, Hamilton admits that the Diagnostic and Statistical Manual of Mental Disorders does not list “being lesbian, gay, bisexual or transgender” as a mental condition, although it does list “gender dysphoria.”

13. Admit that being lesbian, gay, bisexual, or transgender is not a mental illness.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is compound. Hamilton further objects to this request because it is vague and ambiguous in that it fails to identify terms like “transgender” and “mental illness.” Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton states that the practice of mental health professionals is to treat the underlying issues manifesting in psychological distress for a client. Notwithstanding, Hamilton admits that the Diagnostic and Statistical Manual of Mental Disorders does not list “being lesbian, gay, bisexual or transgender” as a mental condition, although it does list “gender dysphoria.”

14. Admit that being lesbian, gay, bisexual, or transgender is not a deficiency.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is compound. Hamilton further objects to this request because it is vague and ambiguous in that it fails to identify terms like “transgender” and “deficiency.” Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton states that the practice of mental health professionals is to treat the underlying issues manifesting in psychological distress for a client. Notwithstanding, Hamilton admits that the Diagnostic and Statistical Manual of Mental Disorders does not list “being lesbian, gay, bisexual or transgender” as a mental condition, although it does list “gender dysphoria.” Hamilton also admits that many patients believe that their same-sex attractions

or feelings, or their gender identity confusion, feels like a deficiency to them, for which they would like counseling. Lastly, Hamilton admits that people experiencing same-sex attractions or feelings, or gender identity confusion, are not “deficient” or less valuable than other persons.

15. Admit that being lesbian, gay, bisexual, or transgender is not a shortcoming.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is compound. Hamilton further objects to this request because it is vague and ambiguous in that it fails to identify terms like “transgender” and “shortcoming.” Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton states that the practice of mental health professionals is to treat the underlying issues manifesting in psychological distress for a client. Notwithstanding, Hamilton admits that the Diagnostic and Statistical Manual of Mental Disorders does not list “being lesbian, gay, bisexual or transgender” as a mental condition, although it does list “gender dysphoria.” Hamilton also admits that many patients believe that their same-sex attractions or feelings, or their gender identity confusion, feels like a shortcoming to them, for which they would like counseling. Lastly, Hamilton admits that people experiencing same-sex attractions or feelings, or gender identity confusion, are not less valuable than other persons.

16. Admit that, in therapy, you only affirm or encourage a minor’s sexual orientation if it is heterosexual.

**RESPONSE:** Denied.

17. Admit that, in therapy, you do not affirm or encourage a minor’s homosexual orientation.

**RESPONSE:** Denied. Hamilton states that, in therapy, she does not affirm or deny a minor’s homosexual orientation. Instead, Hamilton listens to understand the client’s perspective and addresses the underlying issues leading to the client’s distress.

18. Admit that, in therapy, you do not affirm or encourage a minor’s gender identity if it differs from the minor’s anatomical sex.

**RESPONSE:** Hamilton objects to this request because it is vague and ambiguous. Hamilton is unable to admit or deny the request as stated, as a blanket statement, because Hamilton follows a case-by-case approach which takes into account the age and maturity level of her minor clients, the clients’ stated goals and desires, and the clients’ individual therapeutic needs. Hamilton’s general practice is to listen and try to understand the client’s perspective and to address the underlying issues leading to the client’s distress.

19. Admit that “aversion therapy” techniques used in conversion therapy, such as inducing nausea, vomiting or paralysis; providing electronic shocks; or snapping a rubber band around a patient’s wrist when the patient becomes aroused to same-sex erotic images or thoughts are unethical in your profession.

**RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit, since no licensed mental health professional she knows has ever or would ever use such techniques as part of SOCE counseling. Notwithstanding, Hamilton admits that it would be unethical to perform any of the above-listed methods in SOCE counseling.

20. Admit that a minor’s decision making ability is not fully developed.

**RESPONSE:** Admitted.

21. Admit that minor do not have the mental capacity to consistently make wise decisions about their sexuality.

**RESPONSE:** Hamilton objects to this request because it is vague and ambiguous because of its use of undefined terms such as “consistently” and “wise.” Notwithstanding, Hamilton admits that minors need guidance, advice and counseling to make wise decisions about their sexuality, and further admits that minors should be encouraged to delay sexual activity and sexual identity labels until adulthood.

22. Admit that minors are a particularly vulnerable population.

**RESPONSE:** Hamilton objects to this request because it is vague and ambiguous because of its use of undefined terms such as “particularly,” and because it does not identify any specific vulnerabilities as to which it seeks an admission. Notwithstanding, Hamilton admits that minors can be vulnerable when they lack the protection and support of family, but denies that minors who live in homes with stable, adult parents are necessarily vulnerable.

23. Admit that minors are influenced by their parents or legal guardians.

**RESPONSE:** Admitted.

24. Admit that minors are typically dependent upon their parents or legal guardians for shelter and provision.

**RESPONSE:** Admitted.

25. Admit that rejection can harm minors.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is vague and ambiguous, in that it fails to define “rejection” or identify any specific types of rejection as to which an admission is sought. Notwithstanding, Hamilton admits that some types of rejection (such as self-rejection) can be harmful to minors, while other types of rejection (such as rejection of harmful or illegal behaviors) can be beneficial to minors. Hamilton therefore denies that all rejection is harmful to minors.

26. Admit that, unless otherwise provided for by law, minors cannot legally consent.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Hamilton further objects to this request because it is vague and ambiguous, in that it does not identify the “consent” as to which an admission is sought, nor does it identify to what “law” it is referring. Notwithstanding, Hamilton denies that minors are always incapable of providing consent.

27. Admit that minors cannot legally consent to therapy that would seek to change their sexual orientation or gender identity.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Hamilton further objects to this request because it is based on the false assumption or conclusion that SOCE counseling is or can be “done” to a person without that person’s active, voluntary and willing participation. Notwithstanding, Hamilton denies that minors are always incapable of providing consent, and denies that minors are incapable of forming or participating in the formation of goals for their own therapy.

28. Admit that minors cannot legally consent to therapy that would seek to change their sexual orientation or gender identity without a consenting parent or legal guardian.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Hamilton further objects to this request because it is based on the false assumption or conclusion that SOCE counseling is or can be “done” to a person without that person’s active, voluntary and willing participation. Notwithstanding, Hamilton admits that, generally, before a minor can voluntarily participate in SOCE counseling, the minor’s parent or legal guardian must also give their permission. Hamilton denies that minors are always incapable of providing consent, and denies that minors are incapable of forming or participating in the formation of goals for their own therapy.

29. Admit that a minor's parent or legal guardian must provide legal consent for any therapeutic treatment of the minor that seeks to change the minor's sexual orientation or gender identity.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it calls for a legal conclusion. Hamilton further objects to this request because it is based on the false assumption or conclusion that SOCE counseling is or can be "done" to a person without that person's active, voluntary and willing participation. Notwithstanding, Hamilton admits that, generally, before a minor can voluntarily participate in SOCE counseling, the minor's parent or legal guardian must also give their permission. Hamilton denies that minors are always incapable of providing consent, and denies that minors are incapable of forming or participating in the formation of goals for their own therapy.

30. Admit that you have never conducted any therapy that sought to change a minor's sexual orientation or gender identity without the consent of the minor's parent or legal guardian.

**RESPONSE:** Hamilton admits that she has never conducted any SOCE counseling with a minor without the consent of both the minor and a parent or legal guardian, and without the voluntary, active and willing participation of the minor.

31. Admit that a minor's parents or legal guardian participates in setting the therapeutic goals of your treatment of the minor.

**RESPONSE:** Hamilton admits that when more than one individual participates in therapy together, each individual identifies the therapeutic goals that individual seeks in therapy. Hamilton further admits that parents or legal guardians approve the therapeutic goals of their minors. To the extent this request implies that a minor's parent or legal guardian can set therapeutic goals for a minor which the minor does not agree with, or that parents or legal guardians can force minors to participate in SOCE counseling against the minor's wishes, Hamilton denies those implications and denies that she would engage in or continue in any SOCE counseling with a minor in such context.

32. Admit that "talk therapy," as described in paragraphs 73, 74, and 76 of your complaint, is a practice used in your profession.

**RESPONSE:** Hamilton admits that her "talk therapy" is a practice carried out solely through speech and further admits that characterizing speech as a practice in the effort to label it as conduct is a dubious constitutional enterprise.

33. Admit that “talk therapy,” as described in paragraphs 73, 74, and 76 of your complaint, is a treatment used in your profession.

**RESPONSE:** Hamilton admits that her “talk therapy” is a form of treatment carried out solely through speech and further admits that characterizing speech as treatment in the effort to label it as conduct is a dubious constitutional enterprise.

34. Admit that “talk therapy,” as described in paragraphs 73, 74, and 76 of your complaint, is a form of mental health counseling.

**RESPONSE:** Hamilton notes that she is a licensed marriage and family therapist and not a licensed mental health counselor, and that those are two different professional licenses governed by separate professional regulations. Notwithstanding, upon information and belief Hamilton admits that her “talk therapy” may be a form of mental health counseling carried out solely through speech, and further admits that characterizing speech as anything other than speech in the effort to label it as conduct is a dubious constitutional enterprise.

35. Admit that “talk therapy,” as described in paragraphs 73, 74, and 76 of your complaint, is a mental health treatment or procedure.

**RESPONSE:** Hamilton admits that her “talk therapy” is a form of treatment carried out solely through speech and further admits that characterizing speech as treatment or procedure in the effort to label it as conduct is a dubious constitutional enterprise.

36. Admit that you wish to conduct therapeutic practices that seek to change a minor’s sexual orientation.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton further objects to this request because it misstates the practice of licensed marriage and family therapists and is based on a false assumption and premise. Notwithstanding, Hamilton denies that she seeks to conduct any therapeutic practice that pursues any goals other than those identified by the client, which a client willingly and actively pursues.

37. Admit that you wish to conduct therapeutic practices that seek to change a minor’s gender identity.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton further objects to this request because it misstates the practice of licensed marriage and family therapists and is based on a false assumption and premise. Notwithstanding, Hamilton denies that she seeks to conduct any therapeutic practice that pursues any goals other than those identified

by the client, which a client willingly and actively pursues.

38. Admit that, since the passage of the County's ordinance 2017-046, you have provided information regarding "conversion therapy," as it is defined in the County's ordinance, outside of the counselling [*sic*] or therapy setting.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it is vague and ambiguous in that it fails to define what "information regarding 'conversion therapy'" means, and fails to identify with reasonable specificity the "information" as to which an admission is sought. Hamilton further objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. This lawsuit is about constitutionally protected speech that the ordinance prohibits, and not about constitutionally protected speech that the ordinance permits. Notwithstanding, Hamilton admits that she has spoken to individuals outside of counseling or therapy sessions concerning certain aspects of her practice of licensed marriage and family therapy and about the ordinance itself.

39. Admit that you have provided therapy that sought to change the patient's sexual orientation to a patient under the age of 5.

**RESPONSE:** Denied.

40. Admit that you have provided therapy that sought to change the patient's sexual orientation to a patient under the age of 10.

**RESPONSE:** Denied.

41. Admit that you have provided therapy that sought to change the patient's gender identity to a patient under the age of 5.

**RESPONSE:** Denied.

42. Admit that you have provided therapy that sought to change the patient's gender identity to a patient under the age of 10.

**RESPONSE:** Hamilton objects to this request because it fails to identify a relevant time period. Hamilton further objects to this request because it misstates the practice of licensed marriage and family therapists and is based on a false assumption and premise. To the extent the request implies that Hamilton has provided therapy that sought any goals other than those identified by the client, which the client willingly and actively pursued, Hamilton denies the implication and denies the request. Notwithstanding, Hamilton admits that, prior to the enactment of ordinance 2017-046, she provided counseling aimed at

helping a child under the age of 10 be more comfortable with his or her biological sex, and states that, in such cases, the majority of session time was spent with the parents, with some of the session time being spent with the child, depending on the age of the child.

43. Admit that your religion does not require you to conduct therapeutic practices that seek to change a minor's sexual orientation.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Notwithstanding, Hamilton denies that her religion does not require her to assist her patients in living according to their sincerely held religious beliefs, including in matters relating to human sexuality and sexual attractions and behaviors.

44. Admit that your religion does not require you to conduct therapeutic practices that seek to change a minor's gender identity.

**OBJECTION/RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Notwithstanding, Hamilton denies that her religion does not require her to assist her patients in living according to their sincerely held religious beliefs, including in matters relating to human sexuality and sexual attractions and behaviors.

45. Admit that County's [sic] ordinance 2017-046 does not reference any religion.

**RESPONSE:** Denied.

46. Admit that County's [sic] ordinance 2017-046 does not reference any religious practice or conduct.

**RESPONSE:** Denied.

47. Admit that you cannot change a minor's sexual orientation.

**RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton further objects to this request because it misstates the practice of licensed marriage and family therapists and is based on a false assumption and premise. Notwithstanding, Hamilton denies the implication that a minor's sexual orientation is rigid and unchangeable, denies that a minor's sexual orientation can never change, and denies that Hamilton cannot safely and effectively assist minors in understanding themselves and making the changes that the minors desire for their lives.

48. Admit that you cannot change a minor's gender identity.

**RESPONSE:** Hamilton objects to this request because it seeks an admission on matters not relevant to any issues in this lawsuit. Hamilton further objects to this request because it misstates the practice of licensed marriage and family therapists and is based on a false assumption and premise. Notwithstanding, Hamilton denies the implication that a minor's gender identity is rigid and unchangeable, denies that a minor's gender identity can never change, and denies that Hamilton cannot safely and effectively assist minors in understanding themselves and making the changes that the minors desire for their lives.

49. Admit that psychological harms may take years to manifest or be identified.

**RESPONSE:** Hamilton objects to this request because it is vague and ambiguous, in that it fails to specify the "psychological harms" as to which an admission is sought. Notwithstanding, Hamilton admits that some psychological harms – like the harms being inflicted by the County's Ordinance 2017-046 on the minors it deprives of the counseling and assistance they seek – make take years to be fully manifested or understood.

50. Admit that it is unethical to perform therapeutic practices that may harm a minor.

**RESPONSE:** Hamilton objects to this request because it misstates the practice of licensed marriage and family therapists and is based on a false assumption and premise. Hamilton admits that it is unethical to purposefully harm minors in therapy, but Hamilton denies the implication and premise of this request that voluntary SOCE counseling that is consistent with a minor's goals and beliefs, and that a minor seeks and willingly receives, can be harmful to that minor. Hamilton further denies that any study has ever found that voluntary SOCE counseling that is consistent with a minor's goals and beliefs, and that a minor seeks and willingly receives, can be harmful to that minor. Hamilton admits that withholding voluntary, client-directed SOCE counseling from willing minors, or forcing gay- or transgender- affirming therapy on minors who do not wish to receive or for whom such therapy conflicts with their goals, desires and beliefs, is extremely harmful and therefore unethical.

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**CERTIFICATE OF SERVICE**

I hereby certify that on this 16th day of August 2018, a true and correct copy of the foregoing was served on all counsel of record via electronic mail, including:

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