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*Attorneys for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert*

**IN THE UNITED STATES DISTRICT COURT**

**FOR THE DISTRICT OF IDAHO**

ADREE EDMO,

Plaintiffs,

vs.

IDAHO DEPARTMENT OF  
CORRECTION; HENRY ATENCIO, in  
his official capacity; JEFF ZMUDA, in  
his official capacity; HOWARD KEITH  
YORDY, in his official and individual  
capacities; CORIZON, INC.; SCOTT  
ELIASON; MURRAY YOUNG;  
RICHARD CRAIG; RONA SIEGERT;  
CATHERINE WHINNERY; AND  
DOES 1-15;

Defendants.

) Case No. 1:17-cv-151-BLW  
)  
) **DECLARATION OF LISA**  
) **MASON**

I, Lisa Mason, hereby declare under penalty of perjury that the foregoing is true and correct:

1. I am over the age of eighteen and am competent to testify to the matters herein. I make this declaration based upon my own personal knowledge.

2. I am currently employed as the Administrator of Legislative and Executive Affairs for the State of Idaho. I am responsible for maintaining all Tort Claims filed within the Secretary of State's Office pursuant to Idaho Code § 6-905, which are kept in the regular course of the Secretary of State's business. I have access to and am familiar with the database containing all Tort Claims that have been filed with the Secretary of State's Office.

3. I have searched the database of Tort Claims filed with the Secretary of State's Office for those that were filed by, or on behalf of, "Adree Edmo". I located only three such Tort Claims. Attached hereto as **Exhibit A** is a true and correct copy of a Tort Claim filed on November 24, 2014. Attached hereto as **Exhibit B** is a true and correct copy of a Tort Claim filed on December 12, 2016. Attached hereto as **Exhibit C** is a true and correct copy of a Tort Claim filed on February 13, 2017.

DATED this 1<sup>st</sup> day of November, 2017.

/s/ Lisa Mason

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 1<sup>st</sup> day of November, 2017, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

Dylan Eaton  
[deaton@parsonsbehle.com](mailto:deaton@parsonsbehle.com)

J. Kevin West  
[kwest@parsonsbehle.com](mailto:kwest@parsonsbehle.com)

Brady Hall  
[brady@melawfirm.net](mailto:brady@melawfirm.net)

Lori Rifkin  
[lrifkin@hadsellstormer.com](mailto:lrifkin@hadsellstormer.com)

Dan Stormer  
[dstormer@hadsellstormer.com](mailto:dstormer@hadsellstormer.com)

Craig Durham  
[chd@fergusondurham.com](mailto:chd@fergusondurham.com)

Deborah Ferguson  
[daf@fergusondurham.com](mailto:daf@fergusondurham.com)

Amy Whelan  
[awhelan@nclrights.org](mailto:awhelan@nclrights.org)

*/s/Brady J. Hall*

Adree Edmo  
IDOC# 94691  
I.S.C.I BHU# 16  
P.O. BOX 14  
Boise, Idaho 83707  
-Claimant-

#  
23339

Filed November 24, 2014

BEN YSURSA  
Secretary of State

**COPY**

*Muriel J. Artacho*  
Deputy Secretary of State

2014 NOV 24 AM 9:37  
SECRETARY OF STATE  
IDAHO

NOTICE OF CLAIM

Incompliance with Title 6, Chapter 9 of the Idaho Code\*, the undersigned hereby presents a claim arising out of an accident or occurrence which happened as follows against the following governmental entity:

State of Idaho  
Idaho State Board of Correction  
Idaho State Department of Corrections  
P.O. BOX 83720  
Boise, Idaho 83720-0080

Place or Location: Idaho State Correctional Institution-  
Behavioral Health Unit # 16

Date and Time of Occurrences: 07/08/2014 @ 10:34

Cause of Damages:

NEGLIGENCE

EMOTIONAL TRAUMA

On July 07, 2014 at 1034 hours, while housed in the in the Idaho State Correctional Institution's Behavioral Health Unit Number 16, I had recieved another Disciplinary Offense Report ("DOR"), for violating the Idaho State Board of Correction's Prison Rape Elimination Act (PREA) Standard Operating Procedure ("SOP"), Document Number 325.02.01.001, Section 4, Offender Hygiene and Appearance.

I had recieved this DOR from a Correctional Officer ("C/O") Callie White Associate Number A521, who had claimed that my hair had been in feminine fashion (not specified) and I had been asked to remove this style of hair, which I had spoke to C/O White about on numerous occasions about my diagnosis of Gender Dysphoria.

This issue has been an ongoing issue that has instituted extreme stress, emotional discomfort and mental anguish because of Staff discriminating against me and other offenders diagnosed

with Gender Dysphoria.

C/O White, Shift Commander of the Idaho State Correctional Institution on July 07, 2014, Disciplinary Hearing Officer Benjamin Lee, and Administrative Review Authority Terri Rosenthal are all employed by the Idaho Department of Corrections and accepted the duty within their scope of employment to provide an amount of reasonable care dealing with offenders diagnosed with mental disorders of the Idaho Department of Corrections' Mental Health staff.

By implementing the Idaho Department of Corrections Prison Rape Elimination Act SOP, the Idaho State Board of Corrections encourages discrimination against offenders specifically diagnosed with Gender Dysphoria, which is in depth, a breach of that duty of reasonable care.

By affirming DOR's such as the attached DOR (EXHIBIT A), this is proximate cause of emotional trauma by instilling disorder in my mental status. Being Reprimanded for a mental health issue is an emotional trauma that I have been enduring since being diagnosed with Gender Dysphoria in the custody of the Idaho State Board of Corrections.

I have sustained extreme emotional trauma including increased depression, increased ideation of self castration, increased ideation of suicide, which I have been placed onto "Suicide Watch" three times for the emotional trauma caused by C/O's enforcing the PREA SOP of Idaho Department of Correction. My emotional trauma is still ongoing.

Witnesses: Clinician's Irvin (BHU), Moulder(BHU), Watson(BHU), Menlove(BHU), Clinical Supervisor S.W. Fisher (BHU), Offenders Amber Brune, Jacob Dial, David Curiel, Brandon Wyman, Jessie Stover, Christopher Schultz, Troy Carr, Justin Olson, Charles Ridge, Josh Harrison, and William Dorahush.

Amount of Claim: \$100,000.00

Personal Injury:

NOTICE OF CLAIM PG.2

eeapv

My personal injury includes intense emotional anguish because of my mental disorder of Gender Dysphoria, I have increased Gender Dypshoria, increased Depression (I am currently diagnosed with Major Depressive Disorder), increased ideation of self-castration, increased ideation of suicide, and increased anxiety of being punished because of my gender dysphoria because of this current PREA polcy. I have been evaluated by mental health staff of the Idaho State Correctional Institution and Idaho Correctional Insitution-Orofino; Clinican's Bearden (ICI-O\_ Clinician Gebhart of North Idaho Correctional Institution ("NICI"), and Clinician's Irvin (BHU), Menlove (BHU), Venegas (BHU), and Watson(BHU) of the Idaho State Correctional Instituion ("ISCI").

DATED This 4<sup>th</sup> day of September, 2014.

Adree Mason Edmo  
13400 Pleasnt Valley Road I.S.C.I. P.O. BOX 14  
Boise, Idaho 83707

CERTIFICATE OF MAILING

I HEREBY CERTIFY, that on the 4<sup>th</sup> day of Sept.,  
2014, I deposited a true and correct copy of NOTICE OF CLAIM  
into the U.S. Mail via Resource Center with the ISCI Legal  
Assistant.

DATED: 4<sup>th</sup> day of September, 2014.

ADDRESSED TO:

STATE OF IDAHO  
P.O. BOX 83720  
Boise, Idaho 83720-0080  
(208) 332-2814

  
ADREE EDMS

**ADREE M. EDMO**

IDOC # 94691 • I.S.C.I BHU#16 • P.O. BOX 14 • BOISE, IDAHO 83707

~~October 30, 2014~~

Nov. 20, 2014  
Adree Edmo

STATE OF IDAHO  
P.O. BOX 83720  
BOISE, IDAHO 83720-0080

COPY

*In re: Idaho State Board of Corrections Notice of Claim*

**State of Idaho Secretary:**

I am writing in concerns to a *Tort Claim* I had mailed to the State of Idaho on September 04, 2014 from the Idaho State Correctional Institution in Boise.

I had mailed this *Notice of Claim* through the Idaho Department of Correction's Legal Resource Center at this institution.

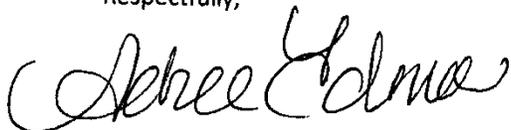
To date, I have not received a notice that Idaho has received or denied my *Claim*.

As you may know, I would need confirmation of a denial or other disposition of my *Claim*, which will allow me to proceed further with legal action.

Please reply to the above address as soon as practicable on Idaho's decision on my *Claim*.

I am also enclosing a copy of the *Notice of Claim*.

Respectfully,



Adree Edmo

Encls: Copy-*Notice of Claim*

Cc: File

#24337

Adree Edmo  
Full Name/Prisoner Name  
IDOC # 94691  
PO BOX 14  
Boise, Idaho 83707-0014  
Complete Mailing Address  
claimant  
Plaintiff/Defendant  
(circle one)

Filed Dec. 12, 2016  
LAWRENCE DENNEY  
Secretary of State  
BY Lisa Mason

2016 DEC 12 AM 11:14  
SECRETARY OF STATE  
STATE OF IDAHO

IN THE DISTRICT COURT FOR THE FOURTH DISTRICT,  
IN AND FOR THE STATE OF IDAHO, FOR ADA COUNTY

ADREE EDMO  
Plaintiff/Petitioner, claimant  
(Full name and prisoner number.)  
vs.  
IDAHO STATE BOARD OF  
CORRECTIONS, et al.  
Defendant/Respondent(s), Respondents  
(Full name(s) Do not use et. al.)

CASE NO. \_\_\_\_\_

NOTICE  
OF  
CLAIM

COMES NOW, ADREE EDMO, claimant  
Plaintiff/Defendant (circle one) in the above  
entitled

matter presents this NOTICE OF CLAIM.

1. This action is pursuant of Idaho Code  
Sections 6-901 through 6-929.

2. In compliance with Title 6, Chapter  
9 of Idaho Code; claimant presents

- 1

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Revised 10/24/05

this Notice of Claim arising out of an occurrence of negligence.

3. Negligence and/or negligent acts alleged herein identify Respondents:

(1) Idaho State Board of Corrections; a political subdivision of the State of Idaho, as defined in Idaho Code Section 20-201; address of 1299 North Orchard Street, Suite 110, Boise Idaho 83707-0014; and;

(2) Idaho Department of Corrections; a political subdivision of the State of Idaho, as defined in Idaho Code Section 20-201; address of 1299 North Orchard Street, Suite 110, Boise, Idaho 83707-0014.

4. Negligence and/or negligent acts toward Claimant of Respondents caused sexual assault and/or Sexual Abuse on Claimant resulting in Personal Injury of: neck muscle strain, sore-throat, muscle soreness, loss of body weight due to loss of appetite, and; Mental and Emotional Injury of: night mares, anxiety, fear, Paranoia, extreme ideation

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Revised 10/24/05

of suicide and heightened depression.  
5. Claimant demands judgment from enjoined Respondents in an amount to be determined by a jury.

Respectfully submitted this 6<sup>th</sup> day of December 20 16.

Adree Jelma  
Plaintiff/Defendant (circle one)  
claimant

**CERTIFICATE OF MAILING**

I HEREBY CERTIFY that on the 6<sup>th</sup> day of December 20 16, I mailed a true and correct copy of the NOTICE OF CLAIM via prison mail system for processing to the U.S. mail system to:

Ada County Courthouse  
200 West Front St  
State of Idaho  
PO BOX 83700, Boise, ID 83720-0080

Adree Jelma  
Plaintiff/Defendant (circle one)  
claimant

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Revised 10/24/05

# 244 78

2017 FEB 13 AM 9:50

**NOTICE OF CLAIM**

SECRETARY OF STATE  
STATE OF IDAHO

In compliance with Title 6, Chapter 9 of the Idaho Code\*, the undersigned hereby presents a claim arising out of an accident or occurrence which happened as follows against the following governmental entity: (CHOOSE ONE)

State of Idaho Idaho St. Bd. of Correction  
PO Box 83720  
Boise, ID 83720-0080 (pursuant to I.C. section 20-201)  
(208) 332-2814

County / Clerk  
Lisa Mason  
BY

Place or Location: Idaho State Correctional Institution ("ISCI") Unit 15

Date and Time of Occurrence: December 31, 2016 at about 1830 hours.

Cause of Damages: (Describe the details and circumstances of the accident or occurrence)

The state of Idaho, its agents, servants and employees failed to provide necessary medical care to me for my Gender identity Disorder. Specifically, female cosmetics, female underwear, facial hair removal, living full-time as a woman and sex reassignment surgery.

Witnesses: (Name, Address and Phone Number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Claim: \$ To be determined at trial. (Attach all bills or substantiating information as to the amount of the claim)

Personal Injury: (Please describe the extent of your injury, your attending physician, place of treatment, etc.) 09/29/2015 I cut my right testicle requiring sutures at ISCI; 12/31/2016 I cut my right testicle again having to be taken to St. Alphonsus Med. Ctr. for surgery to repair right testicle.

Property Damage: (Describe the property damage) N/A

DATED this 10th day of February, 20 17.

Name of Claimant: Adree M. Edmo IDOC# 94691  
Street Address: P.O. Box 14 Unit 09  
City and State: Boise, Idaho 83707-0014

\*Claims must be filed within 180 days of the date the claim arose or should have been reasonably discovered.