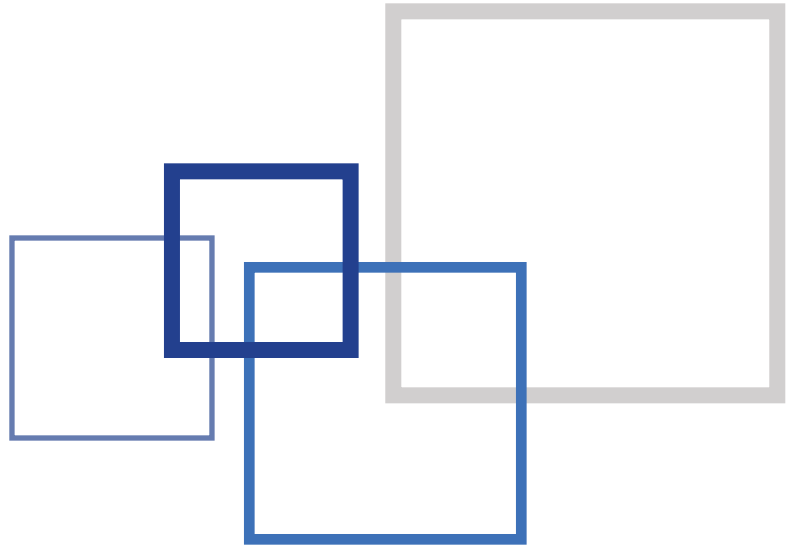


Exhibit 47



THE REPORT OF THE

2015

U.S.

TRANSGENDER

SURVEY

About the National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) is the nation's leading social justice policy advocacy organization devoted to ending discrimination and violence against transgender people. NCTE was founded in 2003 by transgender activists who recognized the urgent need for policy change to advance transgender equality. NCTE now has an extensive record winning life-saving changes for transgender people. NCTE works by educating the public and by influencing local, state, and federal policymakers to change policies and laws to improve the lives of transgender people. By empowering transgender people and our allies, NCTE creates a strong and clear voice for transgender equality in our nation's capital and around the country.

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RECOMMENDED CITATION

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

The Report of the **2015 U.S. Transgender Survey**

by:

Sandy E. James

Jody L. Herman

Susan Rankin

Mara Keisling

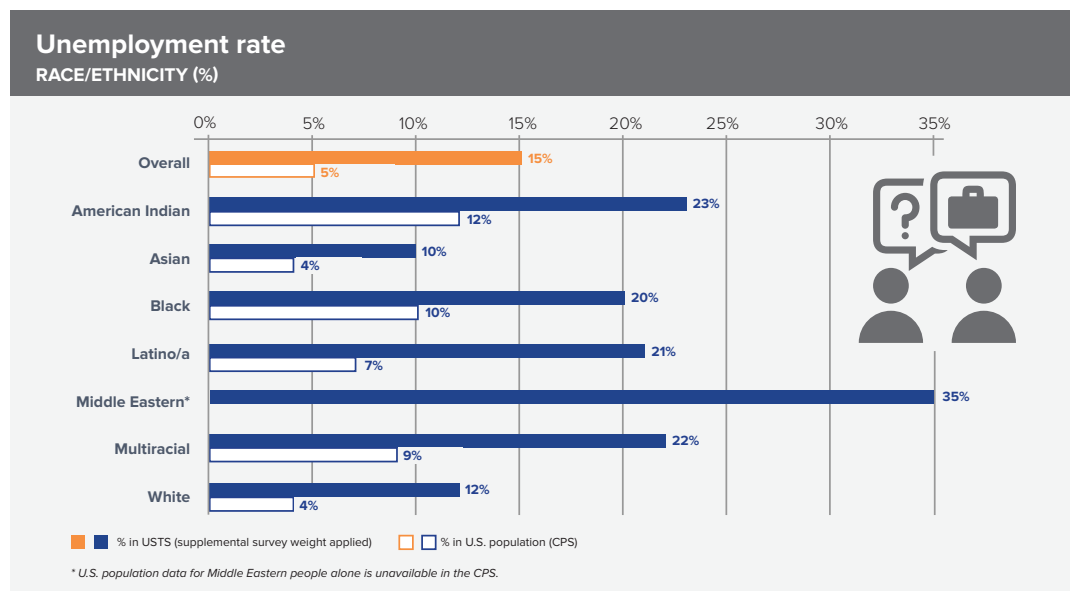
Lisa Mottet

Ma'ayan Anafi

December 2016

Income and Employment Status

- **The unemployment rate among respondents (15%) was three times higher than the unemployment rate in the U.S. population (5%),** with Middle Eastern, American Indian, multiracial, Latino/a, and Black respondents experiencing higher rates of unemployment.



- **Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (12%).**

Employment and the Workplace

- **One in six (16%)** respondents who have ever been employed—or 13% of all respondents in the sample—**reported losing a job because of their gender identity or expression** in their lifetime.
- **In the past year, 27%** of those who held or applied for a job during that year—19% of all respondents—**reported being fired, denied a promotion, or not being hired for a job they applied for because of their gender identity or expression.**
- **Fifteen percent (15%)** of respondents who had a job in the past year were verbally harassed, physically attacked, and/or sexually assaulted at work because of their gender identity or expression.
- **Nearly one-quarter (23%)** of those who had a job in the past year reported other forms of mistreatment based on their gender identity or expression during that year,

Sex Work and Other Underground Economy Work

- Respondents reported high rates of experience in the underground economy, including sex work, drug sales, and other work that is currently criminalized. **One in five (20%) have participated in the underground economy** for income at some point in their lives—including 12% who have done sex work in exchange for income—and 9% did so in the past year, with higher rates among women of color.
- Respondents who interacted with the police either while doing sex work or while the police mistakenly thought they were doing sex work reported high rates of police harassment, abuse, or mistreatment, with **nearly nine out of ten (86%) reporting being harassed, attacked, sexually assaulted, or mistreated in some other way by police.**
- **Those who have done income-based sex work were also more likely to have experienced violence.** More than three-quarters (77%) have experienced intimate partner violence and 72% have been sexually assaulted, a substantially higher rate than the overall sample. Out of those who were working in the underground economy at the time they took the survey, nearly half (41%) were physically attacked in the past year and over one-third (36%) were sexually assaulted during that year.

Police Interactions and Prisons

- **Respondents experienced high levels of mistreatment and harassment by police.** In the past year, of respondents who interacted with police or law enforcement officers who thought or knew they were transgender, **more than half (58%) experienced some form of mistreatment.** This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.
- **Police frequently assumed that respondents—particularly transgender women of color—were sex workers.** In the past year, of those who interacted with law enforcement officers who thought or knew they were transgender, one-third (33%) of Black transgender women and 30% of multiracial women said that an officer assumed they were sex workers.
- **More than half (57%)** of respondents said they would feel **uncomfortable asking the police for help** if they needed it.
- Of those who were arrested in the past year (2%), **nearly one-quarter (22%) believed they were arrested because they were transgender.**

KEY FINDINGS

- ▶ Eleven percent (11%) of respondents had their preferred name and gender on all IDs and records, while 68% reported that none of their IDs had the name and gender they preferred.
.....
- ▶ Forty-nine percent (49%) did not have an ID or record with the name they preferred, and 67% did not have an ID or record with the gender they preferred.
.....
- ▶ Thirty percent (30%) of respondents completed a legal name change.
.....
- ▶ Thirty-four percent (34%) of people who were granted a legal name change reported that they had spent over \$250, and 11% spent over \$500.
.....
- ▶ Thirty-five percent (35%) of those who did not try to change their legal name did not try because they could not afford it.
.....
- ▶ Of those who wanted to update their driver's license or state ID, an estimated 44% were able to change their name on the license and an estimated 29% were able to change their gender.
.....
- ▶ Of those who wanted to change the gender on their birth certificate, only an estimated 9% were able to do so.
.....
- ▶ As a result of showing an ID with a name or gender that did not match their gender presentation, 25% of people were verbally harassed, 16% were denied services or benefits, 9% were asked to leave a location or establishment, and 2% were assaulted or attacked.

I. Access to Legal Name Changes

Changing a name is a step in the transition process for some, but not all, transgender people. A legal name change order is almost always required to update the name listed on many forms of official IDs and records, such as driver's licenses, passports, and Social Security cards.⁴ Legal name changes typically happen through a court order, and the process for obtaining a court order varies in each state and territory. Respondents were

asked a series of questions about factors in their decision to legally change their name and their access to a legal name change.

Approximately one-third (36%) of respondents have tried to obtain a legal name change, and 30% were able to do so. This rate varied greatly according to gender identity, where transgender men and women (51%) were almost five times as likely to have tried or completed the name change process as non-binary people (11%). A vast majority (96%) of respondents who underwent the process did so through a court order, less than 1%

Nearly one-third (32%) of respondents who did not have their preferred gender on any of their IDs or records reported that they could not afford to change them.

Those who said that none of the IDs reflected the preferred gender were asked why that was the case. Twenty-five percent (25%) of these respondents believed they were not allowed to change the gender on their IDs or records, for reasons such as not having undergone medical treatment needed to change their gender on an ID or not having a doctor’s letter. Nearly one-third (32%) of respondents indicated that none of their IDs or records had the gender they preferred because they could not afford it. Eighty-eight percent (88%) of non-binary individuals who indicated that none of their IDs or records had the gender they preferred reported that it was because the available gender options (male or female) did not fit their gender identity, in contrast to 4% of transgender men and women (Table 6.4).

Table 6.4: Reasons for not changing gender on IDs or records

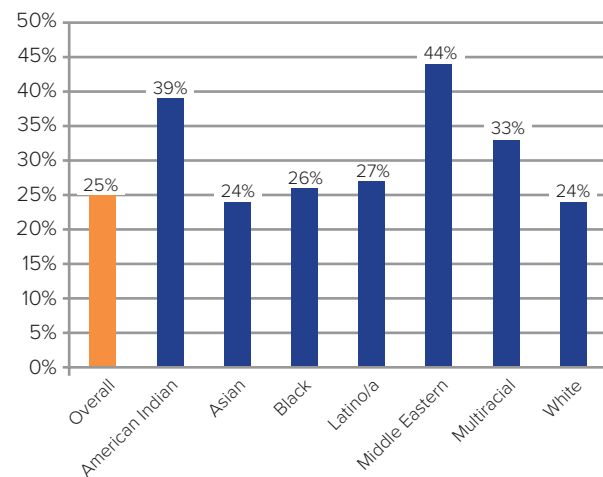
Reasons for not changing gender	% of those who reported having no IDs/records with the gender they preferred
They have not tried yet	44%
The available gender options (male or female) do not fit their gender identity	41%
They could not afford it	32%
They were not ready	30%
They did not know how	26%
They believed they were not allowed	25%
They worried that they might lose benefits or services	25%
They worried that changing gender would out them	25%
Their request was denied	1%
A reason not listed	10%

III. Experiences When Presenting Incongruent Identity Documents

Respondents were asked about their experiences when they have shown an ID with a name or gender that did not match the gender in which they present. Overall, nearly one-third (32%) of individuals who have shown IDs with a name or gender that did not match their presentation reported negative experiences, such as being harassed, denied services, and/or attacked.

One-quarter (25%) of these respondents reported being verbally harassed. Middle Eastern (44%) and American Indian (39%) respondents reported experiencing this more often than other racial or ethnic groups (Figure 6.6).

Figure 6.6: Verbally harassed when using an ID with a name or gender that did not match their presentation RACE/ETHNICITY (%)



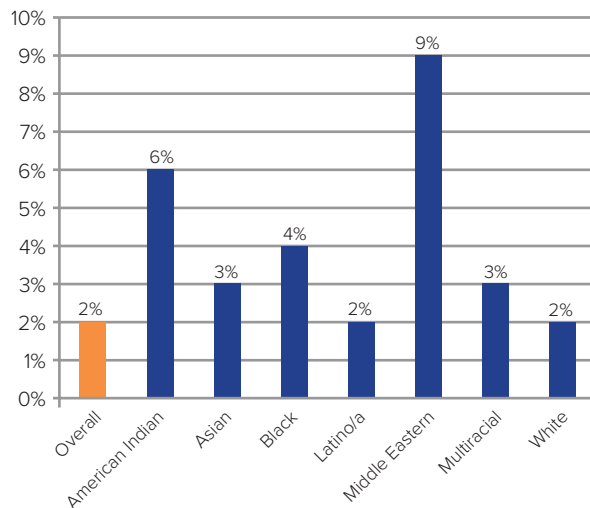
Sixteen percent (16%) of people who showed IDs with a name or gender that did not match the gender they present in were denied services or benefits. Transgender men and women were more likely to have been denied services or benefits (20%) compared to non-binary respondents (10%).

Nearly one-third (32%) of individuals who have shown IDs that did not match their presentation reported negative experiences, such as being harassed, denied services, and/or attacked.

Nine percent (9%) of people who showed an incongruent ID were asked to leave. Transgender women were more likely to have been asked to leave after presenting incongruent IDs (13%), compared to transgender men (9%) and non-binary people (6%).

Two percent (2%) of people who showed IDs with a name and gender that did not match the gender they present in were assaulted or attacked. These experiences differed by race and ethnicity. Middle Eastern respondents were almost five times as likely (9%) to report experiencing this, American Indians were three times as likely (6%), and Black respondents were twice as likely (4%) (Figure 6.7). Undocumented residents were also substantially more likely to report being assaulted or attacked (15%), in contrast to documented residents (3%) and citizens (2%).

Figure 6.7: Assaulted or attacked when using an ID with a name or gender that did not match their presentation
RACE/ETHNICITY (%)



Conclusion

Findings indicate that respondents encountered substantial issues related to obtaining IDs and records that reflect their gender identity, including financial, procedural, and eligibility barriers. The data suggests that the cost of a legal name change presents a considerable challenge to getting a preferred name on identity documents. Results also indicate that the cost of updating gender markers and procedural requirements (such as providing documentation of certain medical procedures) are among the main barriers preventing respondents from updating the gender on their IDs and records. Further, results suggest that respondents who presented IDs that did not correspond with the gender they presented in were put at risk of harassment, assault, and other forms of negative treatment. Overall, these findings illustrate a variety of difficulties that arise during the name and gender change process and emphasize the importance of access to accurate identity documentation for the safety and well-being of transgender people.

Figure 7.10: Any surgery for gender transition INDIVIDUAL INCOME (%)

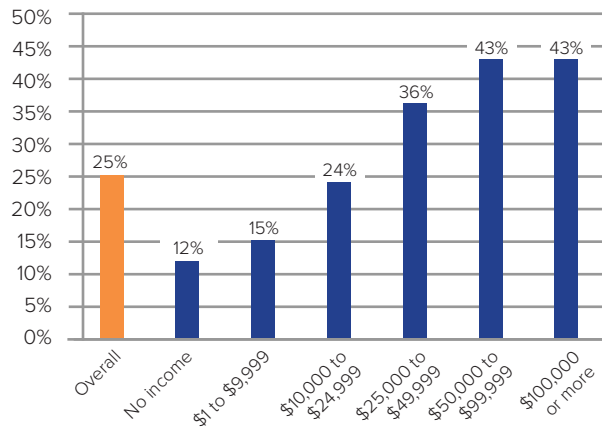
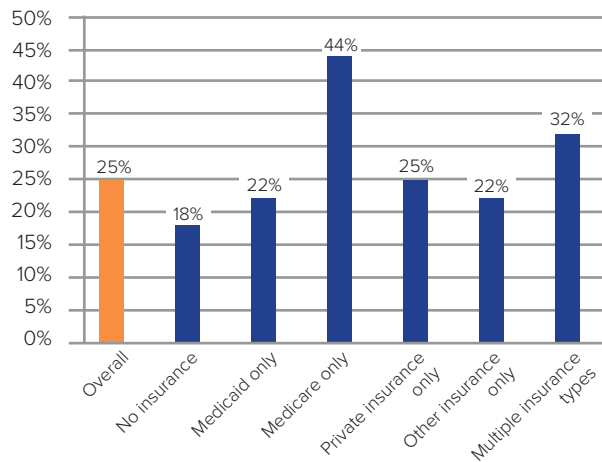


Figure 7.11: Any surgery for gender transition INSURANCE TYPE (%)



Respondents were asked a series of questions about whether they had received or wanted to have specific surgical and other procedures. Respondents received different questions based on the sex that they reported was listed on their original birth certificate.¹⁶

i. Experiences of Respondents With Female on Their Original Birth Certificate

Of respondents who had female on their original birth certificates, 21% had a chest reduction or reconstruction¹⁷ and 8% had a hysterectomy.¹⁸ Only 2% reported having any genital surgery, such as metoidioplasty¹⁹ (1%) or phalloplasty²⁰ (1%) (Table 7.4). These experiences differed greatly by gender identity, with transgender men (Figure 7.12) being

more likely to have had any of the procedures than non-binary respondents who had female on their original birth certificate (Figure 7.13).

Table 7.4: Procedures among respondents with female on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Chest surgery reduction or reconstruction	21%	52%	17%	10%
Hysterectomy	8%	44%	28%	19%
Metoidioplasty	1%	15%	37%	47%
Phalloplasty	1%	11%	31%	56%
Other procedure not listed	3%	7%	13%	77%

Figure 7.12: Procedures among transgender men

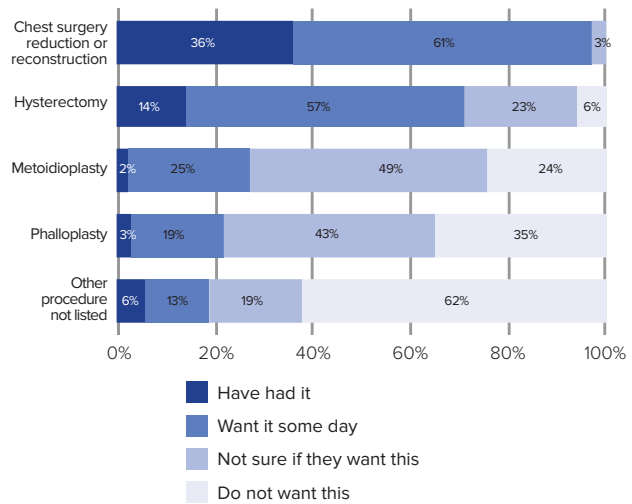
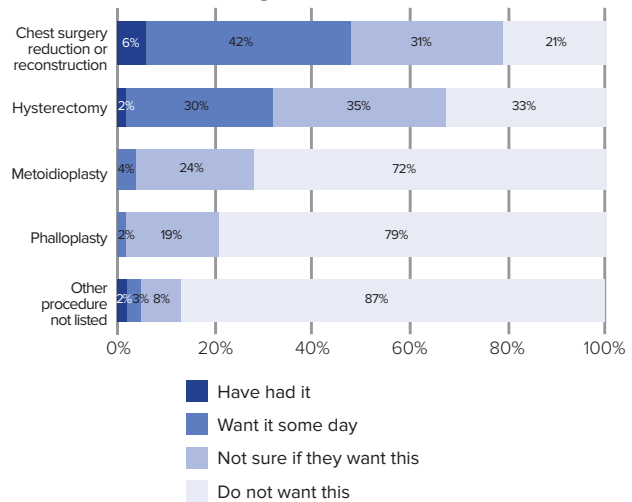


Figure 7.13: Procedures among non-binary respondents with female on their original birth certificate



KEY FINDINGS

- ▶ Nearly half (48%) of all respondents in the sample reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender.
 - One in seven (14%) respondents reported that they were denied equal treatment or service in a public place in the past year because of being transgender.
 - Nearly half (46%) of respondents reported that they were verbally harassed in the past year because of being transgender.
 - Nearly one in ten (9%) respondents reported that they were physically attacked in the past year because of being transgender.

- ▶ Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.

- ▶ One in ten (10%) respondents in the survey were sexually assaulted in the past year.

- ▶ More than half (54%) of respondents experienced some form of intimate partner violence.
 - More than one-third (35%) experienced physical violence by an intimate partner, compared to 30% of the U.S. adult population. Nearly one-quarter (24%) experienced severe physical violence by a current or former partner, compared with 18% of the U.S. population.

I. Overall Experiences of Unequal Treatment, Harassment, and Physical Attack

Respondents were asked if they had been denied equal treatment or service, verbally harassed, or physically attacked in the past year for any reason, regardless of whether it happened because they were transgender. This section of the chapter will examine respondents' overall experiences in the past year, and is followed by separate sections

examining denial of equal treatment, verbal harassment, and physical attacks in greater detail.

Fifty-eight percent (58%) of respondents said that they were denied equal treatment or service, verbally harassed, and/or physically attacked in the past year for any reason. Respondents who were currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (82%), and people with disabilities⁷ (69%) were more likely to report one or more of these experiences. Middle Eastern (70%), multiracial (70%), and American Indian (69%) respondents were also more likely to report one or more of these experiences (Figure 15.1).

Exhibit 48

The New York Times

Alabama Woman Becomes First Known Transgender Person Killed This Year in U.S.

By **Christina Caron**

Jan. 11, 2019

An Alabama woman has become the first known transgender person killed this year in the United States.

Dana Martin, 31, identified by advocacy groups as a black transgender woman, was found shot to death in a vehicle in Montgomery, Ala., on Sunday.

Ms. Martin, who lived in Hope Hull, Ala., about nine miles southwest of Montgomery, was well-known in the transgender community of Birmingham and Montgomery, said Meta Ellis, the director of Montgomery Pride United, an L.G.B.T. advocacy organization in Alabama.

“Our community is devastated because the murders going on — especially of trans people of color — are just happening more and more often and very little is being done about it,” she said. “And here in Alabama we don’t have laws that support hate crimes against people of other genders.”

It is still unclear why Ms. Martin was killed.

There have not been any arrests in the case and there aren’t any suspects or known motives, said Capt. Regina Duckett of the Montgomery Police Department, which is investigating the crime.

“At this point, the circumstances of Dana Martin’s homicide are unknown,” Captain Duckett said on Friday. “The death is confirmed as a criminal homicide.”

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Ms. Martin’s body was discovered when the police and fire medics responded to a vehicle crash on Brewer Road on Sunday around 11 p.m., the police said. Emergency workers found Ms. Martin in the vehicle, which was in the ditch line. Ms. Martin, the driver, had a fatal gunshot wound, the police said, and it appeared as if the shooting had occurred near the vehicle.

Based on their review of legal documents and a forensic examination, the police did not identify Ms. Martin as a woman in their news release, Captain Duckett said.

How a homicide victim identifies is “a personal matter that becomes relevant to our investigation only if it is determined to be a reason the victim was killed,” Captain Duckett added.

In Alabama, changing gender identity on a driver’s license requires gender-affirming surgery, Ms. Ellis said, something many transgender people don’t find necessary or are unable to afford.

At least 26 transgender people were killed in 2018, the majority of them black transgender women, according to the Human Rights Campaign. In 2017, advocates reported at least 29 transgender people fatally shot or killed by other violent means.

Crimes against transgender people, including harassment and sexual assault, are often underreported, which can stem from victims’ reluctance to speak with law enforcement. In addition, officials, the news media or even the victims’ family members may refer to victims by the sex they were assigned at birth rather than by the gender with which they identify.

“Sometimes their family will put them right back into their old gender and have a service and it’s heartbreaking,” said Ms. Harvey McDaniel, the educational outreach director for Montgomery Pride United. “This is pretty common.”



Exhibit 49



HRC Mourns Dana Martin, the First Known Transgender Person Killed in 2019

By Helen Parshall January 10, 2019



Photo via: Facebook

HRC is deeply saddened to learn of the death of [Dana Martin](#), a Black transgender woman killed in Montgomery, Alabama, on January 6.

[Local reports](#) stated that Martin, 31, was found in a roadside ditch in her vehicle with a fatal gunshot wound. She was pronounced dead at the scene. No arrests have been made, [according](#)

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Boyd described how Martin was loved by many.

“We still have a community in loss that is willing to defend her,” Duncan-Boyd said. “The justice system doesn’t know how to handle situations where trans folks are murdered. They always misgender, and when they misgender, it knocks the data off.”

The misgendering of transgender individuals is indicative of anti-transgender bias and discrimination too often seen from law enforcement, the media and our highest [elected officials](#). [Accurate reporting is imperative](#) to gauge the full scope of bias-motivated crimes and effectively address the epidemic of violence that disproportionately targets trans women of color, but too often these crimes go uninvestigated, unreported or misreported -- and thereby unaddressed. In the pursuit of greater accuracy and respect, HRC offers [guidelines](#) for journalists and others who report on transgender people.

Martin’s death is the first known case of [deadly violence against the transgender community in 2019](#). Last year, advocates tracked the deaths of at least 26 transgender people, the majority of whom were Black transgender women.

In November, HRC Foundation released "[A National Epidemic: Fatal Anti-Transgender Violence in America in 2018](#)," a heartbreaking report honoring the trans people killed ahead of [Transgender Day of Remembrance](#) and detailing the contributing and motivating factors that lead to this tragic violence. It is clear that fatal violence disproportionately affects transgender women of color, and that the intersections of racism, sexism, homophobia, biphobia and transphobia conspire to deprive them of necessities to live and thrive.

This epidemic of violence that disproportionately targets transgender people of color -- particularly Black transgender women -- must cease.

To learn more about HRC’s transgender justice work, visit hrc.org/Transgender.

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Exhibit 50



Alabama State Report

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents nationwide. The USTS was conducted by the National Center for Transgender Equality in the summer of 2015. Of respondents in the USTS, 228 were Alabama residents.¹ This report discusses the experiences of respondents living in Alabama.

Income and Employment Status

- 19% of respondents in Alabama were unemployed.²
- 38% were living in poverty.³

Employment and the Workplace

- 9% of respondents who have ever been employed reported losing a job in their lifetime because of their gender identity or expression.
- In the past year, 26% of those who held or applied for a job during that year reported being fired, being denied a promotion, or not being hired for a job they applied for because of their gender identity or expression.
- Respondents who had a job in the past year reported being verbally harassed (11%), physically attacked (1%), and sexually assaulted (1%) at work because of their gender identity or expression.
- 18% of those who had a job in the past year reported other forms of mistreatment based on their gender identity or expression during that year, such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share private information about their transgender status with others without their permission.

Education

- 75% of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) experienced some form of mistreatment, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.
 - 54% of those who were out or perceived as transgender in K–12 were verbally harassed, 13% were physically attacked, and 13% were sexually assaulted in K–12 because of being transgender.
 - 13% faced such severe mistreatment as a transgender person that they left a K–12 school.
- 37% of respondents who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed because of being transgender.

Housing and Homelessness

- 25% of respondents experienced some form of housing discrimination in the past year, such as being evicted from their home or denied a home or apartment because of being transgender.
- 29% have experienced homelessness at some point in their lives.
- 10% experienced homelessness in the past year because of being transgender.

Public Accommodations

- Respondents reported being denied equal treatment or service, verbally harassed, or physically attacked at many places of public accommodation—places that provide services to the public, like retail stores, hotels, and government offices.
- Of respondents who visited a place of public accommodation where staff or employees thought or knew they were transgender, 35% experienced at least one type of mistreatment in the past year. This included 19% who were denied equal treatment or service, 24% who were verbally harassed, and 1% who were physically attacked because of being transgender.

Restrooms

- 11% of respondents reported that someone denied them access to a restroom in the past year.
- In the past year, 19% of respondents reported being verbally harassed when accessing a restroom.
- 59% of respondents avoided using a public restroom in the past year because they were afraid of confrontations or other problems they might experience.
- 34% of respondents limited the amount that they ate or drank to avoid using the restroom in the past year.

Police Interactions

- Respondents experienced high levels of mistreatment and harassment by police. In the past year, of respondents who interacted with police or other law enforcement officers who thought or knew they were transgender, 57% experienced some form of mistreatment. This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.
- 53% of respondents said they would feel uncomfortable asking the police for help if they needed it.

Health

- 17% of respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.
- 25% of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

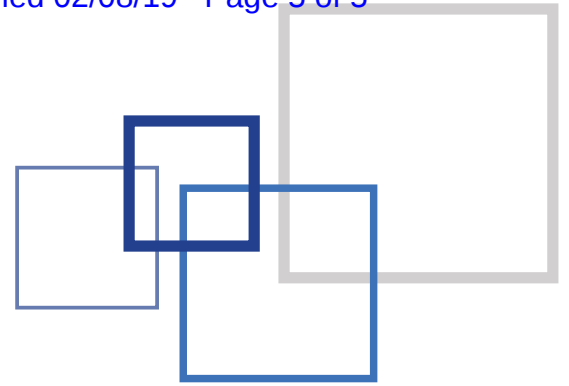
- In the past year, 35% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 47% did not see a doctor when needed because they could not afford it.
- 45% of respondents experienced serious psychological distress in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale).⁴
- 12% of respondents reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

Identity Documents

- Only 9% of respondents reported that *all* of their IDs had the name and gender they preferred, while 80% reported that *none* of their IDs had the name and gender they preferred.
- The cost of changing IDs was one of the main barriers respondents faced, with 40% of those who have not changed their legal name and 37% of those who have not updated the gender on their IDs reporting that it was because they could not afford it.
- 28% of respondents who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.

ENDNOTES | ALABAMA STATE REPORT

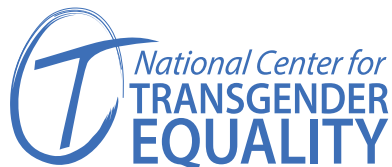
1. The number of respondents in Alabama (n=228) is an unweighted value. All reported percentages are weighted. For more information on the weighting procedures used to report 2015 U.S. Transgender Survey data, see the full survey report, available at www.USTransSurvey.org.
2. For reference, the U.S. unemployment rate was 5% at the time of the survey, as reported by the Bureau of Labor Statistics. See the full report for more information about this calculation.
3. For reference, the U.S. poverty rate was 12% at the time of the survey. The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau. USTS respondents were designated as living in poverty if their total family income fell under 125% of the official U.S. poverty line. See the full report for more information about this calculation.
4. For reference, 5% of the U.S. population reported experiencing serious psychological distress during the prior month as reported in the 2015 National Survey on Drug Use and Health. See the full report for more information about this calculation.



2015 U.S. Transgender Survey

Alabama State Report

October 2017



The full report and Executive Summary of the 2015 U.S. Transgender Survey are available at www.USTransSurvey.org.

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Recommended Citation: *2015 U.S. Transgender Survey: Alabama State Report*. (2017). Washington, DC: National Center for Transgender Equality.

USTransSurvey.org | TransEquality.org

Exhibit 51

In The Matter Of:

*Darcy Corbitt, Destiny Clark, and John Doe v.
Hal Taylor, et al.*

*Ryan Nicholas Gorton, M.D.
December 19, 2018*

*Baker Realtime Worldwide
250 Commerce St
Third Floor, Suite One
Montgomery, AL 36104*

Original File Ryan Gorton_M.D..txt

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

---oOo---

DARCY CORBITT, DESTINY CLARK,
and JOHN DOE,

Plaintiffs,

vs.

Civil Action No.
2:18-cv 00091
MHT-GMB

Volume I

HAL TAYLOR, in his official
capacity as Secretary of the
Alabama Law Enforcement Agency,
Colonel CHARLES WARD, in his
official capacity as Director
of the Department of Public
Safety; DEENA PREGNO, in her
official capacity as Chief of
the Driver License Division,
and JEANNIE EASTMAN, in her
official capacity as Driver
License Supervisor in the
Driver License Division,

Defendants.

_____ /

Deposition of RYAN NICHOLAS GORTON, M.D.,
at Regus, 500 Capitol Mall, Suite 2350,
Sacramento, California 95814 commencing at
8:22 a.m., Wednesday, December 19, 2018,
before Glinda Banks, CSR No. 11984.

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A P P E A R A N C E S

For the Plaintiffs:

AMERICAN CIVIL LIBERTIES UNION FOUNDATION
BY: GABRIEL ARKLES, Senior Staff Attorney
garkles@aclu.org
125 Broad Street, 18th Floor
New York, New York 10004-2400
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(via conference call)

AMERICAN CIVIL LIBERTIES UNION OF ALABAMA
BY: BROCK BOONE, Staff Attorney
BY: RANDALL MARSHALL, Executive Director
P.O. Box 6179
Montgomery Alabama 36106-0179
(334) 265-2754

For Defendants (via video conference):

STATE OF ALABAMA
OFFICE OF THE ATTORNEY GENERAL
BY: WINFIELD J. SINCLAIR
Assistant Attorney General
wsinclair@ago.state.al.us
BY: JAMES DAVIS, Deputy Attorney General
501 Washington Avenue
Montgomery, Alabama 36130
(334) 242-7300

1 A. No.

2 Q. All right. Tell me about a case where you
3 testified on behalf of the defense.

4 A. The Florida case with the physician. I
5 can get the case for you. I can't say it right now
6 right off the tongue. It was basically a physician
7 who was facing -- he was an abortion provider in
8 the state, and he was facing -- he had -- I believe
9 they had tried to pull his license a few times.
10 But then they were trying to de-license him because
11 he treated a transgender patient that subsequently
12 committed suicide. And so that was for the
13 defense. And we had talked about compensation.
14 That's the only case that I have done where I have
15 taken compensation.

16 Q. In your report you reference that not all
17 transgender persons are appropriate candidates for
18 hormone replacement therapy or sex reassignment
19 surgery for various medical reasons. Correct?

20 A. Correct.

21 Q. Is it your testimony that any plaintiff in
22 this case is not an appropriate candidate for
23 hormone replacement therapy or sex reassignment
24 surgery?

25 A. I can't say either way.

Exhibit 52

Alabama

Birmingham area's transit use deemed 2nd worst in US



By [Jeremy Gray | jgray@al.com](#)

[Email the author](#) | [Follow on Twitter](#)

on September 23, 2011 at 6:30 AM

BIRMINGHAM, Alabama -- The Birmingham-Hoover metropolitan area ranks second-to-last nationally in the number of workers who use public transportation, and most who do are poor, according to American Community Survey numbers released Thursday by the U.S. Census Bureau.

Among the nation's 50 largest metros in 2009, the Birmingham area was just ahead of the Oklahoma City area with .6 percent of working-age residents here relying on public transportation, the data showed. The national average in 2009 was 5 percent.

The vast majority of the Birmingham area's estimated 484,170 workers -- 85 percent -- drive alone to work, and 10 percent carpool, the survey found.

Of the estimated 2,681 working-age Birmingham-area residents who used public transportation to get to and from work, nearly 62 percent earn less than \$15,000 each year.

Among the other findings, of Birmingham-area residents who use public transportation:

- * 75.1 percent work in the service industry.
- * 32.3 percent spend more than an hour each day traveling to work.
- * The average travel time to work is nearly 44 minutes.

The report echoes the findings of another recent study of transit in the Birmingham area.

The Brookings Institute in May ranked the area 94th among the nation's 100 largest metro areas in providing public transportation to workers.

That report stated 32 percent of Birmingham-area workers had access to public transportation, compared with an average of 69 percent in all other areas included in the study.

Exhibit 53



BICYCLE FRIENDLY STATE REPORT CARD



STATE RANKING OVERALL (OUT OF 50)

#39

TOTAL COUNTS
 BICYCLE FRIENDLY COMMUNITIES 1
 BICYCLE FRIENDLY BUSINESSES 3
 BICYCLE FRIENDLY UNIVERSITIES 1

SEE THE DATABASE MAP: BIKELEAGUE.ORG/BFA/AWARDS

ALABAMA

Summary

According to federal data, very few people commute by bike in **Alabama** and those who do experience some of the least safe conditions in the United States. In recent years, Alabama has done a better job of addressing bicyclist safety and mobility through the increased use of federal funds for biking and walking. This is reflected in the Infrastructure & Funding category being Alabama's best category. These investment decisions are due to the Alabama Department of Transportation actively engaging with local Metropolitan Planning Organizations and Rural Planning Organizations to encourage bicycling and walking as modes of transportation.

Alabama's worst category is Legislation & Enforcement and their data in that category is particularly poor for laws that regulate the behavior of people who bike and walk. Laws in that subcategory tend to restrict the movement of people who walk and bike, or otherwise seek to address the safety of people who walk and bike by making those people responsible for their own safety. Addressing these laws requires action by the state legislature. The League of American Bicyclists believes that the safety of people who bike and walk is primarily the responsibility of the state and local agencies tasked with creating a safe transportation system and the most dangerous users of our nation's roadways – motor vehicle drivers. Laws and practices should reflect the responsibility of these powerful actors rather than make vulnerable people bear additional burdens to mitigate their vulnerability.

Feedback Points

Since 2015, Alabama passed a safe passing law (32-5A-82) that clarifies the responsibility of motorists to pass bicyclists at a safe distance. However, it only applies when there is a marked bike lane, on certain higher-speed roadways, or when a bicyclist legally rides within two feet of the right shoulder of a roadway. These limitations are severe and abnormal and undermine the law's ability to protect bicyclists.

Add language to the driver's license test that addresses the interaction between motor vehicles and bicycles. If your state has a rotating list of questions, ensure that interacting with bicyclists is a topic that gets at least one question from that rotating list.

Provide additional staff support, including staff training for bicycling issues at the Alabama Department of Transportation. Improving staffing would ensure that citizens and communities have a strong partner at ALDOT for improving bicycling conditions.

ALDOT is in the process of updating its 2010 bicycle and pedestrian plan. Adopting a strong statewide plan will provide a basis for long-term improvement in bicycle and pedestrian safety and physical activity. The process for the creation and implementation of this plan should also serve to increase coordination and collaboration between the state DOT and other state and local agencies, including municipalities and counties.

» Feedback Continued on Page 3

STATE ADVOCACY GROUPS:

ALABAMA BICYCLE COALITION & BIRMINGHAM BICYCLE CLUB

Comparison States	
National (Overall)	Southern Region (out of 13)
37. West Virginia	8. Arkansas
38. Indiana	9. West Virginia
39. Alabama	10. Alabama
40. Mississippi	11. Mississippi
41. South Carolina	12. South Carolina

Categories	Rank out of 50
Infrastructure & Funding	20
Education & Encouragement	33
Legislation & Enforcement	48
Policies & Programs	27
Evaluation & Planning	30

Bicycle Friendly Actions	✓ = Progress ✓ = New in 2017
Complete Streets Law / Policy	
Safe Passing Law (3ft+)	✓
Statewide bike plan last 10 years	✓
2% or more fed funds on bike/ped	
Bicycle Safety Emphasis Area	

Federal Data on Biking		Rank
Ridership	0.1% of commuters biking to work ⁱ	48/50
Safety	31 fatalities per 10k bike commuters ⁱⁱ	49/50
Spending	\$2.41 per capita FHWA spending on biking and walking ⁱⁱⁱ	26/50

ⁱ This figure is based upon the Census Bureau's American Community Survey (ACS) 5-year estimate.


ⁱⁱ This figure is based upon fatalities reported over a five-year period according to the National Highway Administration (NHTSA)'s Fatality Analysis Reporting System and the 2015 5-year ACS estimate of the number of bicycle commuters.


ⁱⁱⁱ FHWA spending is based upon projects coded using any of three project types associated with bicycling and walking projects through the Federal Highway Administration (FHWA)'s Fiscal Management Information System. To calculate per capita spending we used a five-year average for fiscal years 2011-2016 and the 2015 5-year ACS state population estimate.





Alabama Report Card: Detailed Category Scores


The Category Scores below are aggregated from smaller sub-categories—each of which is sorted in descending order, from the topic with the highest possible points available to least.

 Infrastructure & Funding Ranked 20 th of 50 States	
Design and Existence of Infrastructure Has the state made it easy to build bicycle infrastructure and installed a variety of infrastructure on state facilities?	28/38 pts
State Transportation Funding Does the state report that funding is allocated to bicycling?	10/28 pts
Use of Federal Transportation Funding Does the state take advantage of available federal funding for biking and walking?	10/16 pts
Planned and Recently Built Bicycle & Pedestrian Facilities How many lane miles of bicycle and pedestrian facilities has the state reportedly planned to build and built?	10/10 pts
State Transportation Funding Restrictions Does the state have any policies that limit the ability to fund bicycling and walking infrastructure?	4/8 pts
Total of Possible 100 Points: 62/100 pts	

 Policies & Programs Ranked 27 th of 50 States	
Complete Streets Does the state have a complete streets policy and processes to support its implementation?	21/56 pts
Design and Access Policies Does the state have policies in place to ensure good design and access for people who bike and walk?	14/25 pts
State of Practice Development Does the state support trainings on bicycle and pedestrian infrastructure and complete streets implementation?	13/13 pts
Sustainable Transportation Policies Does the state work incorporate multi-disciplinary considerations in the development and implementation of transportation projects?	5/6 pts
Total of Possible 100 Points: 53/100 pts	

 Education & Encouragement Ranked 33 rd of 50 States	
State DOT Education & Encouragement Support Does the state DOT support bicycling and walking events and education materials?	25/35 pts
Mode Share Do many people bike to work and is that number increasing relative to other modes?	1/30 pts
Driver Education Requirements Does the state require drivers to answer questions about bicyclist safety as part of the driver's licensing test?	10/20 pts
Advocacy Does the state have a bicycle advocacy group that is a member of the League of American Bicyclists or was identified by the state?	15/15 pts
Total of Possible 100 Points: 51/100 pts	

 Evaluation & Planning Ranked 30 th of 50 States	
State DOT Bicycle & Pedestrian Plans Does the state have a bicycle and/or pedestrian plan and does that plan follow best practices?	35/48 pts
Bicycle and Pedestrian Safety Has the state made bicyclist and pedestrian safety an emphasis and what does data say about safety?	14/34 pts
Understanding People who Bike and Walk Does the state have programs in place to collect data on people who walk and bike?	7/10 pts
Formal User Group Engagement Does the state have an official Bicycle and/or Pedestrian Advisory Committee and does it follow best practices?	0/8 pts
Total of Possible 100 Points: 56/100 pts	

 Legislation & Enforcement Ranked 48 th of 50 States	
Laws that regulate driver behavior and methods of enforcement Does the state have strong comprehensive distracted driving laws and allow photo enforcement?	23/37 pts
Laws that restrict the behavior of people who bike and walk How does the state unnecessarily restrict the behavior of people who bike and walk? (low points = more restrictions)	4/28 pts
Laws that create protections for people who bike and walk Does the state have laws that provide specific protections for people who bike and walk?	17/25 pts
Laws that influence the built environment Does the state allow speed limits of 20 mph or less?	2/10 pts
Total of Possible 100 Points: 46/100 pts	

Dig into the data: Robust interactive report + Downloads

The Bicycle Friendly State survey used to create this ranking is also the basis for a biennial report. Explore tons of bicycling, walking, & health data on states and cities at bikingandwalkingbenchmarks.org.

U.S. Trips, by Mode of Transportation

- 41% All Other Modes
- 10% Walking/Bike
- 1% All Other Modes
- 2% Public Transit
- 83% Car, Van, SUV, and RV Trip

% of kids who walked to school

- 2007: 11.9%
- 2013: 15.2%



BICYCLE FRIENDLY STATE REPORT CARD

STATE RANKING
OVERALL (OUT OF 50)

#39

TOTAL COUNTS

BICYCLE FRIENDLY COMMUNITIES 1
BICYCLE FRIENDLY BUSINESSES 3
BICYCLE FRIENDLY UNIVERSITIES 1

SEE THE DATABASE MAP: BIKELEAGUE.ORG/BFA/AWARDS

ALABAMA

STATE ADVOCACY GROUPS:

ALABAMA BICYCLE COALITION & BIRMINGHAM BICYCLE CLUB

Feedback Points, CONTINUED

>> Cont'd from Page 1

Adopt a statewide Complete Streets policy. The National Complete Streets Coalition has a model state policy and a variety of other resources to ensure adoption and implementation.

Adopt a bicycle design manual. ALDOT can take steps to ensure that their planners, engineers, and local partners have the tools to provide safe and appropriate solutions for people who bike and walk by adopting a comprehensive bicycle design manual that incorporates design guidance from NACTO's Urban Bikeway Design Guide and FHWA's Small Towns and Rural Multimodal Networks Guide.

Repeal the state's mandatory sidepath law. These types of laws create conflicts between bicycles and other path users and ignore the quality, safety, topography and connectivity of available paths. Most sidepaths are designed for recreational use and are not convenient for transportation purposes. The best way to get people to use sidepaths is to make them safe, convenient, and connected so that they are appealing and accessible to people who bike.

Alabama has a high number of bicyclist fatalities. Ensure that bicycle safety is a major emphasis in all transportation projects, programs and policies to address this issue.



ABOUT THE LEAGUE & MEMBERSHIP

Support the League by becoming a member today and add your voice to the bicycling movement! Over 75% of our funding comes from individuals. Members support our time-tested programs like Bicycle Friendly America, Smart Cycling and Federal Advocacy. As a member, you'll enjoy valuable perks like *Bicycling Magazine*, discounts at dozens of national bike retailers and manufacturers, and exclusive pricing to the National Bike Summit. Together, let's advance bicycling on Capitol Hill and in your community!

WE BELIEVE

Bicycling brings people together. When more people ride bikes:

- » Life is better for everyone;
- » Communities are safer, stronger and better connected;
- » Our nation is healthier, economically stronger, environmentally cleaner and more energy independent.

OUR VISION

is a nation where everyone recognizes and enjoys the many benefits and opportunities of bicycling.

OUR MISSION

is to lead the movement to create a Bicycle Friendly America for everyone. As leaders, our commitment is to listen and learn, define standards and share best practices to engage diverse communities and build a powerful, unified voice for change.

>> ADD YOUR MOMENTUM AT BIKELEAGUE.ORG/JOIN

SMART CYCLING RESOURCES



Bike Safety Education is a key component to keeping roadways safe for all users. Having League Cycling Instructors (LCIs) in your state creates more opportunities for bike safety education to be shared. LCIs are certified by the League through an intense 3-day seminar focused on how to effectively deliver the Smart Cycling curriculum. To host a LCI seminar in your state, contact education@bikeleague.org.

Visit bikeleague.org/ridesmart to access Smart Cycling videos, Smart Cycling Quick Guides (available in English & Spanish), and Smart Cycling manuals.

Exhibit 54

From: "Duke, Brian" <brian.duke@alea.gov>
Sent: 9/26/2016 3:50:36 PM -0500
To: "Eastman, Jeannie" <jeannie.eastman@alea.gov>
Subject: FW: FW: AAMVA Resource Guide
Attachments: ResourceGuideOnGenderDesignationOnDLID_September2016.pdf;
ATT00001.htm

Sergeant Brian Duke

CDL Coordinator

Alabama Law Enforcement Agency

License Services Division

334-242-3427

brian.duke@dps.alabama.gov

From: Washington, Rufus
Sent: Monday, September 26, 2016 10:43 AM
To: Woodruff, Diane; Duke, Brian
Subject: Fwd: AAMVA Resource Guide

Sent from my iPhone

Begin forwarded message:

From: "Short, Nona" <Nona.Short@alea.alabama.gov>
Date: September 26, 2016 at 9:49:20 AM CDT
To: "Pregno, Deena" <Deena.Pregno@alea.alabama.gov>, "Washington, Rufus" <Rufus.Washington@alea.alabama.gov>
Subject: **AAMVA Resource Guide**

AAMVA sent this resource guide

Exhibit 55

From: "Short, Nona" <nona.short@alea.gov>
Sent: 9/26/2016 9:49:20 AM -0500
To: "Pregno, Deena" <deena.pregno@alea.gov>; "Washington, Rufus" <rufus.washington@alea.gov>
Subject: AAMVA Resource Guide
Attachments: ResourceGuideOnGenderDesignationOnDLID_September2016.pdf

AAMVA sent this resource guide

Exhibit 56



American Association of Motor Vehicle Administrators

Documentation Guide License Gender ID Card Designation PROCEDURES



Resource Guide on Gender Designation on Driver's Licenses and Identification Cards



September 2016

GENDER DESIGNATION WORKING GROUP

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American Association of Motor Vehicle Administrators

Photo credits: "Driver Licenses" © American Association of Motor Vehicle Administrators

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Chapter One Introduction

Jurisdictions across the United States and Canada have a range of policies and procedures for serving customers who seek to change the gender designation on a driver's license or identification card (DL/ID). The policies vary in the language used, the documentation required, and the procedure for requesting a change. In recent years, member jurisdictions have contacted the American Association

of Motor Vehicle Administrators (AAMVA) to gain insight into how other jurisdictions handle this service. Thus, the concept of creating a resource guide on gender designation changes on DL/ID was formed, and the Gender Designation Working Group (GDWG) was created. What follows is a resource guide summarizing jurisdictions' policies and procedures.

Chapter Two Trends of Driver's License Gender Change Policies

The general trend in recent years is jurisdictions replacing requirements to submit proof of surgical treatment with standards that focus on the gender in which individuals live in their daily lives, as affirmed by a medical provider, mental health provider, or social worker. A second modernization trend is

simplified forms applicants must complete in lieu of a letter from a provider. The form approach streamlines the process for both applicants and State Driver License Agency (SDLA) staff, saving time and money, and reduces the jurisdiction's liability in holding customers' private medical information.

Chapter Three Key Features of Jurisdictional Gender Designation Change Policies

Key features of gender change procedures in jurisdictions that have recently updated their approach to permit changing the gender designation on a government-issued DL/ID include the following:

1. An easy-to-understand gender designation change form submitted by the applicant
2. No requirement of surgery or other specified treatment
3. No requirement of a court order or amended birth certificate
4. Attestation of the gender identity of the applicant which can be signed by one of a variety of licensed providers
5. Acceptance of an updated passport, birth certificate, or identification card issued by another government agency as an alternative to the provider certification
6. Guidance and sensitivity training for agency personnel on protecting private information relating to gender changes

It is useful to note that there are many types of licensed providers who are qualified to provide treatment to, and are in a position to evaluate the

gender identity of, transgender individuals. The expansion of this field of expertise has offered jurisdictions a broader range of licensed health care providers who may certify an applicant's gender designation. The licensing of each type of provider ensures the integrity of provider certifications of gender change and ensures all certifying providers are professionally and legally accountable for the information they submit. Jurisdictions considering changes to their guidance, materials, or training have found it helpful to meet with their medical advisory boards and outside interest groups for additional insight. Types of medical providers that have been recognized in this field include:


- Physician
- Physician assistant
- Psychologist
- Nurse practitioner
- Clinical social worker
- Marriage family therapist
- Psychiatric social worker
- Social worker

Chapter Four Conclusion


The working group has recommended providing this resource guide on the range of approaches jurisdictions use when serving customers who apply to make a gender designation change on government-issued DL/IDs. The reference table is followed by examples of policies that have been modified in recent years.

Examples of simplified gender designation change forms are included as an appendix to the resource guide. The use of the provider certification form assures validity because it documents the provider's license, streamlines the process, and reduces the risk of disclosure of personal information and medical records.

Appendix A Examples of Jurisdictional Gender Designation Change Forms



Gender Designation Form



PART ONE: TO BE COMPLETED BY APPLICANT

Last Name	First Name	Middle Name	Social Security Number
Street Address	City/State	Zip Code	License/Identification Number
Washington, D.C.			

I, _____ wish to designation the gender on my
(print name)
 driver's license or identification card to read: circle one: **Male** **Female**

I hereby certify under penalty of law that this request for gender designation is for the purpose of ensuring my driver's license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: _____ Date: _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY

Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	State	Zip Code
Provider Phone	Provider E-mail	Provider Organization or Professional License Number	

I am a:

- Physician
- Licensed therapist or counselor
- Case worker or social worker
- Other. Please specify:

In my professional opinion, the applicant's gender identity is (circle one): **Male** **Female** and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

Signature: _____ Date: _____

Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D>C. Official Code §22-2405).

To report waste, fraud and abuse by any DC Government agency or official, call the DC Inspector General at 1-800-521-1639. Ver. 11/2006



GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD

PROCEDURE FOR CHANGING GENDER DESIGNATION ON DRIVER'S LICENSE OR IDENTIFICATION CARD

Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- o Surrender any current state-issued license or identification card;
- o Submit a completed Gender Designation form; and
- o Pay applicable fees for new or amended license. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

Until the Department of Motor Vehicles is able to provide all employees comprehensive training on this procedure, gender designation applications should be directed to DMV service center managers.

PRIVACY OF INFORMATION RELATING TO GENDER DESIGNATION

The Gender Designation form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy Protection Act.

MATCHING GENDER DATA FROM OTHER SOURCES

DMV will change the gender designation on an applicant's license or identification card contingent on the submission of the fully and accurately completed Gender Designation form. The applicant is not required to have changed his or her gender designation on other forms of identification.

CHANGE OF NAME

Name changes related to gender are completed via submission of appropriate court documents and must also be reflected on the Social Security card.

DMV. Ver. 11/2006

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

CERTIFICATION FOR CHANGE OF SEX DESIGNATOR ON DRIVER LICENSE OR IDENTIFICATION CARD

This certification must be accompanied by one of the following:

- Application for a Non-Commercial Alaska Driver License, Permit or Identification Card (Form 478) or
- Application for a Commercial Driver License (Form 415) and Commercial Driver Medical and Self Certifying Verification (Form 413)

If one of the following documents can be provided section B and C of this form are not required.

- Amended Birth Certificate
- Valid US Passport
- Court Order issued by a court in the United States granting change of sex or gender

THIS FORM MUST BE COMPLETED IN FULL AND MUST BE COMPLETED IN BLACK OR BLUE INK.

A APPLICANT INFORMATION AND SEX DESIGNATION STATEMENT			
FULL LEGAL NAME:	First _____	Middle _____	Last _____ Suffix _____
ALASKA DL or ID number _____	Date of Birth _____	I wish the sex designation on my Driver License/ID Card to read: <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Signature _____	
B PATIENT MEDICAL RELEASE AUTHORIZATION			
I _____, authorize the licensed provider listed in section C to release information related to this request. I hereby certify under penalty of unsworn falsification that this request for the selected sex designation to appear on my driver's license/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.			
X _____ Signature _____ Date _____			
C LICENSED PROVIDER CERTIFICATION			
This section must be completed in full by a licensed physician in medicine or osteopathy, social worker, psychologist, professional counselor, physician assistant or advanced nurse practitioner.			
Patient Name _____		Provider Full Name _____	
Provider Address _____		Telephone Number _____	
Professional License Number _____		License-Issuing Jurisdiction _____	
I am a licensed <input type="checkbox"/> physician in medicine or osteopathy <input type="checkbox"/> social worker <input type="checkbox"/> psychologist <input type="checkbox"/> professional counselor <input type="checkbox"/> physician assistant <input type="checkbox"/> advanced nurse practitioner			
I hereby certify under penalty of unsworn falsification that I am a licensed provider in the field checked above. I have treated the applicant or reviewed and evaluated the medical history of the applicant with regard to the condition necessitating the requested change of sex designator on the driver license or ID card. The applicant has had appropriate clinical treatment for the condition necessitating the change and the change is expected to be permanent. The applicant's gender identification is <input type="checkbox"/> Male <input type="checkbox"/> Female.			
X _____ Provider Signature		X _____ Provider Printed Name and Title _____ Date _____	
THE PROVIDER SIGNATURE MUST BE ORIGINAL AND MAY NOT BE STAMPED OR IN AN ELECTRONIC FORMAT.			
DMV Use Only	• Amended Birth Certificate • Valid US Passport • US Court Order		
	Jurisdiction: _____	Number: _____	Jurisdiction: _____

For questions or information on changing the sex designator on a license please contact:

Anchorage Driver Licensing
1300 W. Benson Blvd, Suite 100
Anchorage, Alaska 99503
(907) 269-3770 Phone
(907) 269-3774 Fax

Form 427 (Rev. 08/12)

Alaska.gov/dmv

DR 2083 (04/15/15)
Colorado Department of Revenue
 PO Box 173350
 Denver CO 80217-3350

Medical Information Authorization (Change of Sex Identification)

Name	DL/ID Number	Date
Address	City	ZIP
Previous Name (if name change is concurrent)		
To Be Completed By Licensed Colorado Physician		
Physician (Please print)		Colorado Medical License Number
Based on the patient's gender identity and full time gender role expression, or on prior completion of medical sex reassignment, my professional opinion is that the person's gender is:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
A complete examination form for this person is on file in my office at:		
Address	City	ZIP
Signature of Physician		Date
Attention Physician: please return this form to the subject for inclusion with their driver's license or identification card application.		
To Be Completed by Applicant		
I hereby authorize my physician to answer the above questions and submit information to the Division of Motor Vehicles, relating to my gender identification, for the purpose of obtaining a driver's licence or identification card under my preferred gender.		
I understand that information received by the Division will be held in strict confidence per Colorado Revised Statute 42-2-121 and the federal Driver's Privacy Protection Act, Section 2721.		
By signing below, I hereby affirm under the penalty of second degree perjury CRS 18-8-503(1) that the information provided above is my own and the above statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card.		
Signed		Date

**GENDER DESIGNATION
CHANGE FORM**
B-372 New 10-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv



The DMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable. You must surrender the existing driver's license or ID Card that is to be amended.

PART 1: TO BE COMPLETED BY APPLICANT (Name on current Driver's License/ID or Identity documents)

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY/TOWN
ZIP CODE		DRIVER'S LICENSE/ID NUMBER	

Gender Designation Statement:

I, _____ wish the gender designation on my
(print name from above)

Driver's License/ID Card to read (circle one): **MALE** **FEMALE**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

LAST NAME	FIRST NAME	TITLE
PROVIDER'S ORGANIZATIONAL NAME (If applicable)		
PROVIDER'S STREET ADDRESS	CITY	STATE
ZIP CODE	PROVIDER'S TELEPHONE NUMBER	PROVIDER'S E-MAIL
PROVIDER'S PROFESSIONAL LICENSE NUMBER AND STATE		

I am licensed as a: **PHYSICIAN** **THERAPIST OR COUNSELOR** **PSYCHIATRIC SOCIAL WORKER**

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

MALE **FEMALE** and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

REQUEST FOR GENDER CHANGE ON DRIVER LICENSE/IDENTIFICATION CARD



PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

Customer: Please complete Sections A, B, C, and D.

A - DRIVER INFORMATION

DRIVER LICENSE NUMBER		LAST NAME(S)		SUFFIX
FIRST NAME			MIDDLE NAME	
DATE OF BIRTH		DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (if applicable)
MONTH	DAY	YEAR		

Please check the product(s) you currently have:

- Class D Driver License
 Commercial Driver License
 Identification Card

B - GENDER DESIGNATION STATEMENT

I, _____, wish the gender designation on my driver license/ID card to read:

(Applicant's Full Name)

- MALE
 FEMALE

C - TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

PROVIDER'S LAST NAME		PROVIDER'S FIRST NAME		PROVIDER'S TITLE
PROVIDER'S ORGANIZATION			STATE MEDICAL LICENSE #	STATE LICENSED IN
PROVIDER'S STREET ADDRESS				
CITY		STATE	ZIP	

I am a licensed: Physician Therapist/Counselor Social Worker

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is Male Female and can reasonably be expected to continue as such for the foreseeable future.

I certify, under the penalty of perjury, that the foregoing medical or social service provider information on this application is true and correct.

PROVIDER'S SIGNATURE: _____ DATE: _____

D - AUTHORIZATION AND CERTIFICATION

I certify, under the penalty of perjury, that the information on this application is true and correct to the best of my knowledge, that this request for the selected gender designation to appear on my driver license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose, and that I am a bona fide resident of Delaware.

APPLICANT'S SIGNATURE: _____ DATE: _____

E - TO BE COMPLETED BY THE DIVISION OF MOTOR VEHICLES

APPROVING SUPERVISOR/SENIOR NAME: _____

APPROVING SUPERVISOR/SENIOR SIGNATURE: _____ DATE: _____

MV2020
08/11

GENDER DESIGNATION FORM

PART ONE: TO BE COMPLETED BY APPLICANT

Last Name	First Name	Middle Name	
Street Address	City/State	Zip Code	Driver's License Number

I, _____ wish to designate the gender on my
(Print name)

Driver's license card to read: circle one Male Female

I hereby certify under penalty of law that this request for gender designation is for the purposes of ensuring my driver's license accurately reflects my gender identity and is not for any fraudulent or other unlawful purposes.

Signature: _____ Date: _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL AUTHORITY

Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	State	Zip Code
Provider Phone	Provider E-mail	Provider Organization or Professional License Number	

I am a:

- | | |
|--|--|
| <input type="checkbox"/> Physician
<input type="checkbox"/> Licensed Psychiatrist
<input type="checkbox"/> Licensed Clinical Social Worker
<input type="checkbox"/> Licensed Mental Health Counselor
<input type="checkbox"/> Advanced Nurse Practitioner
<input type="checkbox"/> Psychiatric Nurse Practitioner | <input type="checkbox"/> Licensed Psychologist
<input type="checkbox"/> Licensed Clinical Social Worker
<input type="checkbox"/> Licensed Marriage and Family Therapist
<input type="checkbox"/> Licensed Social Worker
<input type="checkbox"/> Physician Assistant |
|--|--|

In my professional opinion, the applicant's gender is (circle one): Male Female
 and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

Signature: _____ Date: _____



GENDER DESIGNATION FORM

The Maine Bureau of Motor Vehicles can only accept original forms with original signatures.
Photocopies and faxes are not acceptable.

You must surrender the existing license or ID card that is to be amended.

Part I: TO BE COMPLETED BY APPLICANT (Name on current license or ID)			
<input type="radio"/> Last Name	First Name	Middle	Social Security #
<input type="radio"/> Street Address	City/Town	Zip Code	License/ID #
<u>Gender Designation Statement</u>			
I _____ request the gender designation on my (print name from above)			
Driver's License/ID Card to read (circle one): Male Female			
I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.			
Signature: _____		Date: _____	
<i>(False statements may be punishable by fine, imprisonment, or both)</i>			

Part II: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER			
<input type="radio"/> Provider's Last Name	Provider's First Name	Title	
<input type="radio"/> Provider's Organizational Name (if applicable)			
<input type="radio"/> Provider's Street Address	City	State	Zip
<input type="radio"/> Provider's Tel.#	Provider's E-mail	Provider's Professional License # and State	
I am licensed as a: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist or Counselor <input type="checkbox"/> Social Worker			
<input type="checkbox"/> Other (Qualified Professional – please specify) _____			
In my professional opinion, the applicant's gender identity is (circle one): Male Female and can reasonably be expected to continue as such in the foreseeable future.			
I hereby certify, under the penalty of perjury that the foregoing information is true and correct.			
Signature: _____		Date: _____	
<i>(False statements may be punishable by fine, imprisonment, or both)</i>			

Bureau of Motor Vehicles, License Services Division
29 State House Station, Augusta, ME 04333-0029
Telephone: (207)624-9000 ext. 52114 TTY Users call Maine relay 711

Updated 01/2013



MASSACHUSETTS GENDER DESIGNATION CHANGE FORM

Registry of Motor Vehicles
P.O. Box 55889
Boston, MA 02205-5889

The RMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable.
You must surrender the existing license or ID Card that is to be amended

PART 1: TO BE COMPLETED BY APPLICANT (Name on current License/ID or Identity documents)

Last Name	First Name	Middle	Social Security #
Street Address		City/Town	Zip Code License/ID #

Gender Designation Statement:

I, _____ wish the gender designation on my
(print name from above)

Driver's License/ID Card to read (circle one): **Male Female**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature _____ Date: _____

(False statements are punishable by fine, imprisonment, or both. (MGL Chapter 90, Section 24))

PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

Last Name	First Name	Title
Provider's Organizational Name (if applicable)		
Provider's Street Address		City State Zip
Provider's Tel. #	Provider's E-mail	Provider's Professional License # and State

I am licensed as a: Physician Therapist or Counselor Psychiatric Social Worker
 Other (please describe) _____

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):
Male Female and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Signature: _____ Date: _____

(False statements are punishable by fine, imprisonment, or both. (MGL Chapter 90, Section 24))

RMV Use Only:

ALARS ID #: _____ Batch #: _____ Date: _____

T21816-0308



New Jersey Motor Vehicle Commission

Declaration of Gender Designation Change for New Jersey Motor Vehicle Commission (MVC) Driver License or Identification Card			
PART ONE: TO BE COMPLETED BY APPLICANT			
Name: Last	First	M.I.	Date of Birth
Street Address	City/State	Zip Code	License/ Identification Number
<p>I _____ (print name) wish to change the gender designation on my driver license/identification card to read: M or F (circle one).</p> <p>I hereby certify, under penalty of law, that this request for change of sex designation is for the purpose of making my driver license/identification card reflect my gender identity, and is not for fraudulent or other unlawful purposes.</p> <p>Signature: _____ Date: _____</p> <p>Note: You must surrender your current driver's license or identification card and obtain a duplicate for the standard fee of \$11.00. In order to change a name on a driver license or identification card, you will need to follow MVC procedures, available at any motor vehicle agency/regional service center or online at www.njmvc.gov.</p>			
PART TWO: TO BE COMPLETED BY LICENSED MEDICAL OR SOCIAL SERVICE PROVIDER			
Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	State	Zip Code
Provider Phone	Provider Email	Provider Organization or Professional License Number	
<p>I am a licensed:</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Therapist or Counselor</p> <p><input type="checkbox"/> Social Worker</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p>My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):</p> <p>Male Female and can reasonably be expected to continue as such for the foreseeable future.</p> <p>I hereby certify, under penalty of law, that the foregoing information is true and correct.</p> <p>Signature: _____ Date: _____</p> <p style="text-align: center;"><i>(A misstatement of fact or false statement made in this or any application is punishable by fine and/or imprisonment and may result in the suspension of driving privileges. (N.J.S.A. 39:3-37))</i></p>			



John J. Barthelmes
Commissioner of Safety

NH DEPARTMENT OF SAFETY
Division of Motor Vehicles
Stephen E. Merrill Building
23 Hazen Drive, Concord, NH 03305
Tele: (603) 227-4020



Richard C. Bailey, Jr.
Director of Motor Vehicles

Change of Gender Designation

Please note: This form may not be used for name or address changes. Please fill out a "Record Change Request" form (DSMV 30) for any name and/or address changes. Name changes will require authorized supporting documentation.

Name on Current NH Driver License or Non-Driver ID: _____

Date of Birth: _____ DL or NDID # _____

Address: _____
Street Name or PO Box No. Town or City State Zip Code

I, _____ wish to change the gender designation on my NH Driver License or Non-Driver Identification card to read (*please check one*): Male Female

I hereby certify under penalty of unsworn falsification that this request for change of gender is for the purpose of ensuring my driver license/identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose:

Signature of Applicant: _____ Date: _____
Signed under penalty of unsworn falsification (RSA 641:3)

The below certification must be completed by a licensed and qualified Health Care Provider

In my professional opinion, the applicant's gender identity is (*please check one*): Male Female and can reasonably be expected to continue as such in the foreseeable future.

Name of Health Care Provider (*please print*): _____

Please check one:

Physician APRN Clinical Social Worker Clinical Mental Health Counselor

Name of Practice: _____

Address: _____
Street Town or City State Zip Code

Telephone Number: _____

I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the person whose name appears above is under my treatment and care for the change of gender identity as indicated above by the applicant.

Signature of Health Care Provider: _____ Date: _____

DSMV 626 (12/2014)

MVD - 10237
INT. 07/10



New Mexico Taxation & Revenue Department, Motor Vehicle Division

GENDER DESIGNATION CHANGE REQUEST



Use this form to request a change to the gender designation on your New Mexico Driver's License (DL) or Identification Card (ID), or if you are applying for a first-time New Mexico DL or ID and are requesting a change of gender designation from that shown on your current identification documents. If you are also changing your name, please provide both current/prior and new name with appropriate original documentation (court order, marriage certificate or divorce decree). This form must be completed in full by you and your medical or social service provider.

Applicant Information and Request for Change of Gender Designation				
Applicant's current/prior full legal name:				
Last name	First name	Middle name(s)		
If changing name, Applicant's new full legal name:				
Last name	First name	Middle name(s)		
Residence street address	City	State	ZIP code	
Driver's license or ID number	Telephone number	Email address		
Gender Designation Statement:				
I, _____, wish the gender designation on my Driver's License/ID Card to designate my gender as (circle one): Male (M) Female (F).				
I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.				
Signature _____ Date _____				
Medical or Social Service Provider Information and Certification				
Last name	First name	Title		
Provider's organizational name (if applicable)				
Provider's street address	City	State	ZIP code	
Telephone number	Email address	Professional license number and state		
I am licensed as a: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist or Counselor <input type="checkbox"/> Psychiatric Social Worker				
<input type="checkbox"/> Other (please describe) _____				
My practice includes the treatment and counseling of persons with gender identity issues, including the Applicant named herein, and in my professional opinion the applicant's gender identity is (circle one): Male Female and can reasonably be expected to continue as such for the foreseeable future.				
I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.				
Signature _____ Date _____				



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1901 LANAN AVE. NE, SALEM, OREGON 97331

CHANGE OF GENDER DESIGNATION FORM

[Reset Form](#)

[Print Form](#)

PART ONE: TO BE COMPLETED BY APPLICANT

LAST NAME (please print)	FIRST NAME	MIDDLE NAME	ODL/ID CUSTOMER #
STREET ADDRESS		CITY	STATE ZIP CODE

I, _____ wish to change the gender designation on my driver license or identification card to read (check one): **Male** **Female**

I hereby certify under penalty of law that this request for gender designation change is for the purpose of ensuring my driver license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

APPLICANT SIGNATURE X	DATE SIGNED
---------------------------------	-------------

PART TWO: TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER or SOCIAL SERVICE AUTHORITY

PROVIDER LAST NAME (please print)	PROVIDER FIRST NAME	PROVIDER TITLE
PROVIDER ORGANIZATION NAME (if applicable)		
PROVIDER STREET ADDRESS		CITY STATE ZIP CODE
PROVIDER PHONE NUMBER	PROVIDER E-MAIL	PROVIDER ORGANIZATION or PROFESSIONAL LICENSE NUMBER

I am a:

- Primary Care Provider (PCP) (Physician, Nurse Practitioner (NP) or Physician Assistant (PA))
- Clinical Social Worker, Surgeon, or a Doctor of Naturopathic Medicine
- Licensed Professional Counselor or Therapist
- Licensed Psychologist
- Social Service Case Specialist, Worker, or other Social Service Authority

In my professional opinion, the applicant's gender identity is (check one): **Male** **Female**
and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

SIGNATURE OF HEALTH CARE PROVIDER or SOCIAL SERVICE AUTHORITY X	DATE SIGNED
---	-------------

735-7401 (10-15)

DL-32 (7-14)



REQUEST FOR GENDER CHANGE ON DRIVER'S LICENSE/IDENTIFICATION CARD

ALL SECTIONS MUST BE COMPLETED

A APPLICANT INFORMATION									
DRIVER'S LICENSE/ID NUMBER				LAST NAME(S)				JR/ETC	
FIRST NAME				MIDDLE NAME					
DATE OF BIRTH			TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)				E-MAIL ADDRESS (if applicable)		
MONTH	DAY	YEAR							
Please check the product(s) you currently have:									
<input type="checkbox"/> Non-Commercial Driver's License			<input type="checkbox"/> Commercial Driver's License				<input type="checkbox"/> Identification Card		
B GENDER DESIGNATION STATEMENT									
I, _____ wish the gender designation on my Driver's License/ ID Card to read									
PRINT NAME									
<input type="checkbox"/> MALE			<input type="checkbox"/> FEMALE						
I hereby certify under penalty of law that this request for the selected gender designation to appear on my Driver's License/ ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.									
C TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES									
LAST NAME				FIRST NAME			TITLE		
PROVIDER'S ORGANIZATION					STATE MEDICAL LICENSE #		STATE LICENSED IN		
PROVIDER'S STREET ADDRESS									
CITY				STATE			ZIP		
I am a licensed: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Social Worker									
My practice includes assisting, counseling or treating persons with gender identity conditions, including the applicant named herein, and in my professional opinion, the applicant's gender identity <input type="checkbox"/> Male <input type="checkbox"/> Female and can reasonably be expected to continue as such for the foreseeable future.									
I hereby certify, under penalty of law, that the foregoing information is true and correct									
PROVIDER'S SIGNATURE: _____					DATE: _____				
WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).									
D AUTHORIZATION AND CERTIFICATION									
<input type="checkbox"/> Veterans Designation: I certify under penalty of law that I am a qualified applicant and hereby request it be added to my product. I understand that misrepresentation will result in the cancellation of my driver's license and/or identification card.									
I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.									
<input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse)					<input type="checkbox"/> I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse)				
SIGN HERE				FEE PAID In This Amount			SEE REVERSE FOR FEES		
(APPLICANT'S SIGNATURE IN INK)				DATE					
WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).									



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**DIVISION OF MOTOR VEHICLES
LICENSE AND REGISTRATION OFFICE**

600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5785/5786
www.dmv.ri.gov

GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD

Procedure for Changing Designation on Driver's License or Identification Card

Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
- Submit a completed Gender Designation form; and
- Pay applicable fees for new or updated license or identification card. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

The Gender Designation Form contains private medical information and will be kept confidential and protected under the provisions of the [Driver Privacy and Protection Act](#).

Name Change

Name changes related to gender are completed via submission of appropriate court documents and also must be reflected on the [Social Security](#) card. Please refer to the [RI DMV Document Checklist - License and ID Cards](#).

PART ONE: TO BE COMPLETED BY APPLICANT

Last Name	First Name	Middle Initial	Social Security Number	
Street Address	City/Town	State	Zip Code	License/Identification Number

I, _____, wish the designation of gender on my driver's license or identification card to read (please check one): Male Female

I, the undersigned, hereby make application for either license, state identification card or permit and declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY

Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City/Town	State	Zip Code
Provider Telephone		Provider E-Mail	
Provider Organization or Professional License Number			

I am a: Physician Licensed therapist or counselor Case worker or social worker

In my professional opinion, the applicant's gender identity is (please check one): Male Female and can reasonably be expected to continue as such in the foreseeable future.

I, the undersigned, hereby declare under penalty of perjury that all statements made in this section, "Part Two," by me, are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

rev. 05/12



Change of Gender Designation Request

You can use this form to request a gender designation change on your Washington driver license, instruction permit, identification (ID) card, enhanced driver license, or enhanced identification card. This form must be completed by you and a licensed health care provider (as noted in the Physician section below) familiar with your treatment. Send this completed form **and** a photocopy of your valid Washington driver license, instruction permit, identification card, enhanced driver license, or enhanced identification card to:

**Programs and Services, Driver Records
Department of Licensing
PO Box 9030
Olympia WA 98507-9030**

You will be notified in writing when your request has been processed. **Incomplete applications will not be processed.**

Applicant

TYPE or PRINT Name as it appears on your current license or ID card (Last, First, Middle)		License or ID card number
(Area code) Daytime telephone number	Email (in case we need to contact you)	
Answer the following		
What gender designation would you like on your license or ID card? <input type="checkbox"/> Male <input type="checkbox"/> Female		
I authorize the licensed health care provider listed in the physician section to release information related to this request. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
Date and place signed	X Signature	

Physician

This section must be completed by a licensed medical physician, internist, endocrinologist, gynecologist, urologist, osteopathic physician, psychiatrist, psychologist, or a Washington State licensed naturopathic physician, advanced registered nurse practitioner, physician assistant, or certified osteopathic physician assistant familiar with your treatment.

TYPE or PRINT Name of patient			
Your name as it appears on your license			
License number	Expiration date	Issuing state/jurisdiction	DEA registration number
Hospital or medical clinic name			(Area code) Telephone number
Physical address (Address, City, State, ZIP code, Country)			
Mailing address, if different (Address, City, State, ZIP code, Country)			
Answer the following			
1. I am the attending health care provider with a doctor/patient relationship with the applicant.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have reviewed and evaluated the applicant's medical history.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The applicant has undergone the appropriate gender transition clinical treatment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the gender identification of this applicant?			<input type="checkbox"/> Male <input type="checkbox"/> Female
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.			
Date and place signed	X Physician signature		

DR-500-043 (R/5/13)WA

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DMV-99-RD
REV06/15

West Virginia Department of Transportation
Division of Motor Vehicles
Gender Designation Form



1-800-642-9066
dmv.wv.gov

Procedure for changing your gender designation on your driver's license or identification card:

The DMV will change the gender designation on the applicant's driver's license or ID card contingent on the submission of this fully and accurately completed form. The applicant is not required to have changed his or her gender designation on the birth certificate or other forms of identification. DMV Employees shall not request additional gender-related information beyond that required on the applicable form or otherwise inquire about the applicant's private medical history or records.

Any name changes require submission of appropriate documentation of the name change and must also be reflected in the Social Security record. Name changes can be processed at any time regardless of gender designation.

Applicants requesting to change the gender designation on their driver's license or identification (ID) card must:

- Surrender any current state-issued license or identification card (if applicable).
- Submit this Gender Designation Form when it has been accurately completed.
- Submit the correct driver's license or ID card application and pay the correct fees as outlined on the application. For standard driver's licenses and ID cards use the application DMV-DS-23P or for a commercial driver's license use the application DMV-CDL-1.
- Have a new photograph taken for the driver's license or ID card.

PART 1 TO BE COMPLETED BY THE APPLICANT

APPLICANT NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER
STREET ADDRESS		DRIVER'S LICENSE OR ID CARD NUMBER
CITY, STATE, AND ZIP CODE		
I, _____, wish to change the gender on my West Virginia driver's license or identification card to read the gender <input type="checkbox"/> male <input type="checkbox"/> female.		
(X) _____ SIGNATURE OF APPLICANT		____ / ____ / ____ DATE

PART 2 TO BE COMPLETED BY THE LICENSED PHYSICIAN

PHYSICIAN NAME (LAST, FIRST, MIDDLE)	PHYSICIAN TITLE	MEDICAL LICENSE NUMBER
PHYSICIAN ORGANIZATION NAME (IF APPLICABLE)		PHYSICIAN PHONE NUMBER
PHYSICIAN ADDRESS		
In my professional opinion, the applicant's gender identity is: <input type="checkbox"/> male <input type="checkbox"/> female	I hereby certify under penalty of perjury/law that the information contained herein is true and correct.	
(X) _____ SIGNATURE OF LICENSED PHYSICIAN	_____ DATE	



**DRIVER LICENCE/GENERAL IDENTIFICATION CARD (GIC)
CHANGE OF GENDER DESIGNATION
CHANGEMENT DE LA MENTION DU SEXE SUR LE PERMIS
DE CONDUIRE OU LA CARTE D'IDENTITÉ GÉNÉRALE (CIG)**

APPLICANT DEMANDEUR¹	
I, _____ Je, _____ <small>FULL LEGAL NAME-PLEASE PRINT NOM LÉGAL COMPLET EN LETTRES DÉTACHÉES</small>	Date of birth: _____ Date de naissance : _____ <small>YYYY-MM-DD AAAA-MM-JJ</small>
Address: _____ Adresse : _____ <small>MAILING ADDRESS ADRESSE POSTALE</small>	Postal Code: _____ Code postal : _____
Yukon driver licence/GIC no.: _____, wish the designation of gender on my driver licence Permis de conduire/CIG n° : _____, <i>souhaite que la mention du sexe sur mon permis de</i>	
and/or general identification card to read (please check one): <input type="checkbox"/> Female <input type="checkbox"/> Male <i>conduire ou sur ma CIG indique (cochez une case) : Femme Homme</i>	
_____ <small>SIGNATURE OF APPLICANT SIGNATURE DU DEMANDEUR</small>	_____ <small>DATE (YYYY-MM-DD) DATE (AAAA-MM-JJ)</small>

Your personal information contained here is collected under Yukon's *Motor Vehicles Act*, RSY 2002, c.153 (as amended) ("MVA") in accordance with Yukon's *Access to Information and Protection of Privacy Act* RSY 2002, c. 1. (as amended). By providing the personal information contained herein you fully consent to such information being collected, used, stored, and disclosed for the purposes of: administering and enforcing the MVA; law enforcement purposes, including the investigation and enforcement of laws by other governments or law enforcement agencies; research and statistical analysis and policy planning and program activities by Government of Yukon. If you have any questions about the collection, use or disclosure of your personal information, please contact the Registrar of Motor Vehicles at Unit A, 2251 2nd Avenue Whitehorse, YT Y1A 5W1 or phone: (867) 667-5313, toll free within Yukon, 1-800-661-0408 ext. 5313.

Les renseignements personnels fournis dans les présentes sont recueillis en vertu de la Loi sur les véhicules automobiles du Yukon, L.R.Y. 2002, ch. 153 (dans sa version modifiée), et en conformité avec la Loi sur l'accès à l'information et la protection de la vie privée du Yukon, L.R.Y. 2002, ch. 1 (dans sa version modifiée). En fournissant lesdits renseignements, vous consentez pleinement à leur collecte, utilisation, conservation et communication aux fins suivantes : application de la Loi sur les véhicules automobiles; exécution de la loi, y compris la tenue d'enquête et la mise en œuvre de lois par d'autres gouvernements ou organismes d'application de la loi; recherches et analyses statistiques ainsi que planification des politiques et des programmes et services par le gouvernement du Yukon. Veuillez adresser toute demande relative à la collecte, à l'utilisation ou à la communication de vos renseignements personnels au registraire des véhicules automobiles, au 2251, 2^e Avenue, porte A, Whitehorse (Yukon) Y1A 5W1, ou par téléphone, au 867-667-5313 ou (sans frais au Yukon) au 1-800-661-0408, poste 5313.

SERVICE PROVIDER FOURNISSEUR DE SERVICES	
Name: _____ Nom : _____ <small>FULL LEGAL NAME-PLEASE PRINT NOM LÉGAL COMPLET EN LETTRES DÉTACHÉES</small>	
Address: _____ Adresse : _____ <small>MAILING ADDRESS ADRESSE POSTALE</small>	Postal Code: _____ Code postal : _____
I am a <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Therapist/Counsellor <input type="checkbox"/> Nurse Practitioner Je suis <i>médecin psychiatre psychologue thérapeute/conseiller infirmière praticienne</i>	
Licence or professional certification #: _____ Permis d'exercice ou agrément professionnel n° : _____	
In my professional opinion, the applicant's gender identity is (please check one): <input type="checkbox"/> Female <input type="checkbox"/> Male Selon mon avis professionnel, l'identité de genre du demandeur est (cochez une case) : <i>Femme Homme</i>	
and can reasonably be expected to continue as such in the foreseeable future. Il est par ailleurs raisonnable de s'attendre à ce que cette situation reste inchangée dans un avenir prévisible.	
_____ <small>SIGNATURE OF SERVICE PROVIDER SIGNATURE DU FOURNISSEUR DE SERVICES</small>	_____ <small>DATE (YYYY-MM-DD) DATE (AAAA-MM-JJ)</small>

Appendix B U.S. Driver's License Policies*

U.S. Jurisdiction Driver's License and ID Card Policies

Simplified form. Certification accepted from a range of licensed professionals, no medical details required. 18 states, the District of Columbia, and Puerto Rico	Alaska (2012) Colorado (2006) Connecticut Delaware (2011) District of Columbia (2007) Hawaii (2012) Indiana	Maine (2013) Massachusetts (2008) New Jersey (2009) New Hampshire New Mexico (2010) Ohio (2009) Oregon (1998)	Pennsylvania (2010) Puerto Rico (2016) Rhode Island (2012) Virginia (2012) Washington (2009) West Virginia (2015)
No form. Certification accepted from medical or mental health providers. Proof of surgery or court order are not required. 7 states	Arizona (1995) Florida (2011) Idaho (2013) Illinois (2013)	New York (1987) Vermont Wisconsin	
Simplified form. Certification only accepted from a limited range of health care providers. Proof of surgery or court order are not required. 3 states	California (2008) Nebraska Nevada (2010)		
No form. Certification only accepted from limited range of healthcare providers. No requirement of proof of surgery or court order. 1 state	Minnesota (2013)		
No form. No requirement of proof of surgery, court order, or amended birth certificate. 2 states	Maryland (medical approval process involving several steps) Utah (must provide other updated ID, such as a passport)		
Unknown 5 states and 4 territories	Arkansas Mississippi North Carolina North Dakota South Dakota	American Samoa Guam Northern Marianas Island U.S. Virgin Islands	
Proof of surgery, court order, or amended birth certificate required. 14 states – 9 surgery, 3 court order, 2 other	Alabama (surgery) Georgia (surgery) Iowa (court order and amended birth certificate) Kansas	Kentucky (surgery) Louisiana (surgery) Michigan (surgery) Missouri Montana (surgery) Oklahoma	South Carolina (court order) Tennessee (surgery) Texas (court order) Wyoming (surgery)

Total jurisdictions in which individuals can reliably change their gender designation without proof of surgery, court order, or amended birth certificate: **31 states + District of Columbia and Puerto Rico**

* Verified via AAMVA email, website search.

Appendix C Canadian Driver's License Policies*

Canadian Jurisdiction Driver's License and ID Card Policies

Simplified form, certification accepted from a range of licensed professionals; no medical details required.	Alberta British Columbia Manitoba Yukon
No form. Certification from medical or mental health provider is sufficient. Proof of surgery or court order is not required.	
Simplified form. Certification only accepted from a limited range of health care providers. Proof of surgery or court order are not required.	
No form but no requirement of proof of surgery or court order; certification from limited range of health care providers.	Ontario Quebec Saskatchewan
Unknown policy	New Brunswick Newfoundland & Labrador Nova Scotia Northwest Territories Nunavut

Total provinces in which individuals can reliably change their gender designation without proof of surgery, court order, or amended birth certificate: **7 provinces**

* Provided by the AAMVA Survey. Content current as of June 2015.

Appendix D U.S. Department of State Policy for Changing the Gender Designation on a U.S. Passport

The United States Department of State (DOS) has adopted a policy that explains the need for medical certification from a licensed physician regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. To obtain a passport, sexual reassignment surgery is not a prerequisite, and such documentation is not requested. The DOS requires medical certification of gender transition from a licensed physician as the only documentation of gender change required. Other medical records are not requested. The applicant must submit acceptable evidence of identity in the new gender, if available, and must submit evidence of the new name, if changed. The DOS may accept documentation from the SDLA if available as evidence of identity, but because of the variety and inconsistencies with state license requirements, evidence of change of gender in these identity documents may not be obtainable. However, the passport can be issued in the new gender based on the medical certification. Importantly, the U.S. Passport is an acceptable document used by SDLAs to validate a person's identity for the DL/ID. States with policies that require changes to birth certificates, court orders, or surgical reassignment to validate gender change will be in conflict if an individual provides a passport reflecting a change in gender. A modernized gender designation process eliminates this conflict.

U.S. Department of State Foreign Affairs Manual – Volume 7

Consular Affairs

7 FAM 1300 Appendix M GENDER CHANGE

(CT:CON-576; 05-05-2015)

(Office of Origin: CA/OCS/L)

7 FAM 1310 APPENDIX M SUMMARY

(CT:CON-653; 03-31-2016)

- a. This appendix provides policy and procedures that passport specialists and consular officers (“you”) must follow when an applicant indicates a gender on the “sex” line on the passport application with information different from the one reflected on some or all of the submitted citizenship and/or identity evidence, including a prior passport.
- b. This policy explains the need for medical certification from a licensed physician who has treated the applicant or reviewed and evaluated the medical history of the applicant regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. It is based on standards and recommendations of the World Professional Association for Transgender Health (WPATH), recognized as the authority in this field by the American Medical Association (AMA).
- c. A passport is defined by INA 101(a)(30) (Immigration and Nationality Act) (8 U.S.C. 1101(a)(30)) as “any travel document issued by competent authority showing the bearer's origin,

identity, and nationality if any, which is valid for the entry of the bearer into a foreign country.”

An individual’s gender is an integral part of that person’s identity.

- d. Sex reassignment surgery is not a prerequisite for passport issuance based on gender change.
- e. Medical certification of gender transition from a licensed physician as described in [7 FAM 1320 Appendix M](#) is the *only* documentation of gender change required. Other medical records must not be requested.
- f. A Form DS-11 “Application for U.S. Passport” must be used the first time an applicant applies for a passport in reassigned gender, as personal appearance for execution is required, even if the applicant has a previous passport. A change in gender is a change in the identity of the applicant, and evidence of identity in the new name (if applicable) and gender must be presented. Subsequent applications in the same gender may be submitted on a Form DS-82 if the applicant is eligible (see 7 FAM 1345.4 regarding eligibility to apply on a Form DS-82 and [7 FAM 1334 Appendix M](#) regarding resumption of the birth gender).

7 FAM 1320 APPENDIX M DOCUMENTATION REQUIREMENTS

7 FAM 1321 Appendix M Documents to be Submitted with the Form DS-11

(CT:CON-653; 03-31-2016)

- a. **Evidence of U.S. citizenship/non-citizen U.S. nationality.** The applicant must submit acceptable evidence of U.S. citizenship or non-citizen U.S. nationality. (see 7 FAM 1100 “Acquisition and Retention of U.S. Citizenship and Nationality”). The applicant is not required to obtain an amended birth record, amended Consular Report of Birth (CRBA), or to request that the U.S. Citizenship and Immigration Services (USCIS) issue a replacement

Certificate of Naturalization/Citizenship reflecting the change of gender. State law in the United States and the laws of other countries vary on whether an amended birth certificate may be issued reflecting a gender change;

NOTE: An amended birth certificate in the new gender is not acceptable evidence of gender change (as opposed to amending a birth certificate to correct a typographical error—see [7 FAM 1370 Appendix M](#)). See also [7 FAM 1350 Appendix M](#) regarding Form FS-240, “Consular Report of Birth of a U.S. Citizen Abroad.”

- b. **Evidence of identity.** As with all applications, the applicant must be asked to submit acceptable Identification Document(s) (IDs) in the new gender, and name, if applicable (see 7 FAM 1320 “Identity of the Passport Applicant”). However, state law and foreign laws vary as to whether a driver’s license or other State or foreign government ID may be issued reflecting a gender change. So, the applicant may document her/his identity by submitting any of the following ID documents:
 - (1) Primary ID in the new gender (see 7 FAM 1325.1 regarding identification using primary ID);
 - (2) Secondary ID in the new gender (see 7 FAM 1325.3 regarding identification using secondary ID); or
 - (3) Acceptable primary ID in the birth gender if it readily identifies the applicant.

NOTE: Some form of photographic ID must be presented; You cannot use the doctor’s certification as the only evidence to identify an applicant.

- c. **Photograph.** A recent photograph that is a good likeness of the applicant, and satisfactorily identifies the applicant must be submitted. The photograph must agree with the submitted ID and reflect the applicant’s current and true appearance (see also [7 FAM 1300 Appendix E “Passport Photographs”](#));

- d. **Passport Fee.** All necessary passport fees must be submitted (see [7 FAM 1300 Appendix G “Passport Fees”](#)); and
- e. **Name Change.** If the applicant’s name has been changed, either by court order or by customary usage, she/he must present satisfactory evidence of the material name change (see 7 FAM 1300 Appendix C “Names and Name Usage”). Both names must be cleared (see 7 FAM 1334).

7 FAM 1322 Appendix M Medical Certification for Gender Change/Transition

(CT:CON-653; 03-31-2016)

- a. A full validity U.S. passport will be issued reflecting a new gender upon presentation of a signed, original certification or statement, **on office letterhead**, from a licensed physician who has treated the applicant for her/his gender-related care or reviewed and evaluated the gender-related medical history of the applicant.
- b. Licensed physicians include:
- (1) A Doctor of Osteopathy (D.O.) (not to be confused with a Doctor of Optometry (O.D.), whose certification is not acceptable); or
 - (2) A Medical Doctor (M.D.). M.D.s may specialize in various medical fields including, but not limited to, internists, endocrinologists, gynecologists, urologists, surgeons, psychiatrists, pediatricians, and family practitioners.
- c. Medical certifications from persons who are not licensed physicians are not acceptable. They include, but are not limited to:
- (1) Psychologists;
 - (2) Physician Assistants;
 - (3) Nurse practitioners;
 - (4) Health practitioners;
 - (5) Licensed vocational nurses;
 - (6) Registered nurses;
 - (7) Chiropractors; or
 - (8) Pharmacists.
- d. The medical certification **must** include the following information (see [7 FAM 1300 Appendix M Exhibit 1](#)):
- (1) Licensed physician’s full name;
 - (2) Medical license or certificate number;
 - (a) Licensed physicians in foreign countries must have a comparable foreign license or certificate registration number.
 - (b) For all foreign licensed physician gender change requests, passport agencies/centers must scan copies of the Form DS-11 and attach all submitted documents to Passport Services’ Adjudication Policy Division (CA/PPT/S/A/AP) at AskPPTAdjudication@state.gov. CA/PPT/S/A/AP works with the Overseas Citizens Services’ Office of Legal Affairs (CA/OCS/L) to verify the bona fides of the foreign-based licensed physician with the applicable post abroad. CA/PPT/S/A/AP will advise the passport agency/center of the outcome of post’s verification as soon as possible.
 - (c) Posts must verify their own foreign-based licensed physicians or, if the statement is from a physician in another country, contact the post which covers that country for verification.
 - (3) Address and telephone number of the licensed physician;
 - (4) Language stating that she/he has treated the applicant or has reviewed and evaluated the medical history of the applicant and that she/he has a doctor/patient relationship with the applicant;
 - (5) Language stating the applicant has had appropriate clinical treatment for gender transition to the new gender of either male or female; and

- (6) Language stating “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”
- e. If the applicant has not submitted the requested medical certification, use the appropriate letter (or similar language for overseas posts) available in Information Request Letter (IRL) 706 in corresponding with the passport applicant. (See [7 FAM 1300 Appendix T “Information Request Letters and Information Notices.”](#))
- f. For applicants who have just begun and may be in the initial stages of the gender transition process, a two year limited validity passport using endorsement 46 (see [7 FAM 1320 Appendix B](#)) reflecting the new gender will be issued upon presentation of a medical certification described in paragraph a above that includes the following:
 - (1) Information listed in paragraph [7 FAM 1300 Appendix M](#) d(1)-(4) above;
 - (2) Language stating the applicant is in the process of gender transition to the new gender of either male or female; and
 - (3) Language stating “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”
- g. Faxed, e-mailed, or scanned photocopies of medical certifications are not acceptable for full validity U.S. passports. In emergency circumstances, you may issue a limited validity passport in the new gender using endorsement 46.

7 FAM 1330 APPENDIX M ADJUDICATING GENDER CHANGE OR TRANSITION

7 FAM 1331 Appendix M Adjudicating Gender Change Cases

(CT:CON-653; 03-31-2016)

- a. You must annotate the reason for issuing the full validity passport in the new gender in the “For Issuing Office Only” block of the Form DS-11:

The image shows the 'For Issuing Office Only' block of Form DS-11. It contains a list of citizenship evidence types with checkboxes. The 'Other' category is selected, and 'Gender Change' is written next to it. Below this, there are checkboxes for various passport types and validity periods. A barcode is visible at the bottom right of the block.

- b. You must annotate and attach the medical certification to the Form DS-11:

The image shows the 'For Issuing Office Only' block of Form DS-11. The 'Attached' category is selected, and 'MD Ltr re: Gender Change' is written next to it. Below this, there are checkboxes for various passport types and validity periods. A barcode is visible at the bottom right of the block.

NOTE: You must not ask for additional specific clinical details regarding the gender change from the applicant.

NOTE: If the applicant requests that the original medical certification be returned, you may attach a clear photocopy of the medical certification, clearly annotate that the original medical certification was seen and returned, and return the original medical certification to the applicant

7 FAM 1332 Appendix M Adjudicating Gender Transition Cases

(CT:CON-653; 03-31-2016)

- a. You must annotate the reason for issuing the limited validity passport in the new gender in the “For Issuing Office Only” block of the Form DS-11:

The image shows the 'For Issuing Office Only' block of Form DS-11. The 'Other' category is selected, and 'Gender Transition' is written next to it. Below this, there are checkboxes for various passport types and validity periods. A barcode is visible at the bottom right of the block.

- b. You must annotate and attach the medical certification to the Form DS-11:

Name as it appears on citizenship evidence

Birth Certificate SR CR City Filed Issued

Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired Alt

Report of Birth Filed/Place

Passport CR SR For PERS #DOB

Other

Attached: MD Ltr re: Gender Transition

POC of Cit. 05-1003 05-144 05-520 05-5513 Citiz. WS

POC of Cit. 05-10 05-46 05-71 etc. Cit. Ver

DS 11 A 09 2013 2

- c. You must add an appropriate endorsement to limit the validity period of the passport:

- (1) Use endorsement code 46 domestically and for Overseas Photo-Digitized Passports (OPDPs) (see also [7 FAM 1365](#) regarding OPDPs and [7 FAM 1300 Appendix B, “Passport Endorsements”](#)).
- (2) Use endorsement code 109 in Emergency Photo-Digitized Passports (EPDPs) for urgent overseas cases where the applicant must travel immediately (see also [7 FAM 1300 Appendix B](#)).

7 FAM 1333 Appendix M Replacement of Passport Limited Because of Gender Transition

(CT:CON-653; 03-31-2016)

- a. An applicant who received a limited passport book because of a gender transition will receive a replacement, fully-valid passport without further fee (except for expedited service, if requested), if she/he:

- (1) Applies for the new passport within two years of issuance using Form DS-5504, “Application for a U.S. Passport: Name Change, Data Correction, and Limited Passport Book Replacement;”
- (2) Meets the requirements of [7 FAM 1320 Appendix M](#); and
- (3) Presents a new medical certification that meets the requirements for a fully-valid passport in [7 FAM 1322 Appendix M](#).

- b. If, after two years, the applicant applies for a new passport and her/his gender transition has

not been completed, the applicant must submit a new physician’s statement, following the same information and licensure requirements in [7 FAM 1320 Appendix M](#), reflecting that the applicant still is in the process of gender transition. The applicant must also submit a new Form DS-11, with appropriate identity, citizenship, and passport fees submitted (see [7 FAM 1321 Appendix M](#)). Another two-year limited validity passport will be issued.

7 FAM 1334 Appendix M Resumption of the Birth Gender

(CT:CON-653; 03-31-2016)

If an applicant who already has been issued a passport in a new gender requests issuance of a passport in the birth gender, a medical certification of the transition back to the birth gender is required (see [7 FAM 1322 Appendix M](#) regarding medical certifications). The same procedures for adjudication and issuance of full validity (gender change) or limited validity (gender transition) passports apply if the applicant is returning to the birth gender (see also [7 FAM 1331 Appendix M](#) and [7 FAM 1332 Appendix M](#)).

7 FAM 1340 APPENDIX M CONVERSATIONS WITH PASSPORT APPLICANTS SEEKING TO DOCUMENT GENDER CHANGE/TRANSITION

(CT:CON-653; 03-31-2016)

- a. As with all passport applicants, you must be sensitive and respectful at all times.
- b. Refer to the applicant by the pronoun appropriate to her/his new gender even if the transition is not complete.
- c. Ask only appropriate questions regarding information necessary to determine citizenship and identity of the applicant.

7 FAM 1350 APPENDIX M AMENDING GENDER IN CONSULAR REPORTS OF BIRTH ABROAD

(CT:CON-653; 03-31-2016)

The Form FS-240, “Consular Report of Birth Abroad of Citizen of the United States of America,” can be amended by Passport Services’ Office of Technical Operations, Record Services division (CA/PPT/S/TO/RS) to reflect the change in gender. The documentary requirements specified in this Appendix for passport services are the same for amending gender on a Form FS-240. (See also [7 FAM 1440](#), “Consular Report of Birth Abroad of a Citizen/Non-Citizen National of the United States of America.”) See Bureau of Consular Affairs Internet Information on amending a Form FS-240. Inquirers are directed to contact Passport Services’ Record Services Division, using the below dual addresses, both physical and P.O. box address, and the nine-digit zip code.

U.S. Department of State
Record Services Division
CA/PPT/S/TO/RS
44132 Mercure Cir
PO Box 1213
Sterling, VA 20166-1213

Telephone (public): 202-485-8300
Fax: 202-485-8302

- d. An amended Form FS-240 is acceptable evidence of a gender change for a subsequent passport application.

7 FAM 1360 APPENDIX M INTERSEX CONDITIONS (DISORDERS OF SEX DEVELOPMENT)

(CT:CON-653; 03-31-2016)

- a. “Intersex” is a condition in which a person is born with a reproductive or sexual anatomy and/or chromosomal pattern that does not fit typical definitions of male or female.
- b. Birth documentation is often not updated to reflect corrected gender. When the passport application indicates a sex different from the one reflected on the birth documentation, the applicant, or her/

his applying parents in the case of a minor child, must provide medical certification that meets the requirements in [7 FAM 1322 Appendix M](#), adjusting the language to reflect the intersex condition and specify the gender correction to either male or female. In the case of a minor child, the applying parent(s) also must submit a signed statement confirming the gender correction to either male or female. These statements must be attached to the passport application.

- c. Unless the applicant, or her/his applying parent, provides the statements described above, the gender listed on her/his birth documentation will determine the gender to be listed in the passport.

7 FAM 1370 APPENDIX M GENDER ERRORS IN ORIGINAL BIRTH CERTIFICATE

(CT:CON-653; 03-31-2016)

- a. If an applicant advises that the gender on her/his birth document mistakenly lists the wrong gender due to typographical error, and there is sufficient time before the listed departure date, refer the applicant to the appropriate issuing vital records office to have the error corrected (IRL 875-33).
- b. If the departure date is imminent, you may issue a limited one year validity passport, listing the applicant’s requested gender, using endorsement code 46 (see [7 FAM 1300 Appendix B](#).) A corrected certified copy of the amended birth document will be required before issuance of a full validity passport in the requested gender.

7 FAM 1380 APPENDIX M QUESTIONS

(CT:CON-653; 03-31-2016)

- a. Passport agencies and centers must contact AskPPTAdjudication@state.gov for specific guidance.
- b. U.S. embassies and consulates must contact Ask-OCS-L@state.gov for specific guidance.

7 FAM 1390 APPENDIX M UNASSIGNED

**7 FAM 1300 APPENDIX M EXHIBIT 1
MODEL LETTER FOR LICENSED PHYSICIAN
CERTIFYING TO THE APPLICANT'S GENDER
CHANGE/TRANSITION**

(CT:CON-653; 03-31-2016)

Licensed Physician's Letterhead

(Physician's Address and Telephone Number)

I, (physician's full name), (physician's medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), am the physician of (name of patient), with whom I have a

doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).

(Name of patient) has had appropriate clinical treatment for gender change to the new gender (specify new gender male or female).

Or

(Name of patient) is in the process of gender transition to the new gender (specify new gender male or female).

(NOTE TO PHYSICIAN ONLY: Use this sentence only when the patient has just begun or is in the early stages of his or her gender transition.)

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Signature of Physician

Typed Name of Physician

Date

Appendix E Real ID and the State's Authority to Change the Gender Designation on a Driver's License or Identification Card

SDLAs in the United States often have questions about their legal authority to set an appropriate policy for changing gender designations. This became evident with the passage of the REAL ID Act and subsequent publication of implementing regulations (federal) published by the Department of Homeland Security (DHS) in 2008.

Jurisdictional concerns were addressed by DHS during the public comment period for the rule when DHS explicitly stated in response to comments from concerned states that, "DHS will leave the determination of gender up to the States since different States have different requirements concerning when, and under what circumstances, a transgendered [sic] individual should be identified as another gender." Additionally, in listing what needs to be on the face of the license, the regulations state that the "Gender (as determined by the State) must be displayed."

Thus, although the REAL ID Act requires states to continue listing "gender" on licenses, states are free to continue to set their own regulations and procedures in this area.

(FINAL RULE)

§ 37.17 Requirements for the surface of the driver's license or identification card.

To be accepted by a Federal agency for official purposes, REAL ID driver's licenses and identification cards must include on the front of the card (unless otherwise specified below) the following information:

- a. Full legal name. Except as permitted in § 37.11(c) (2), the name on the face of the license or card must

be the same as the name on the source document presented by the applicant to establish identity.

Where the individual has only one name, that name should be entered in the last name or family name field, and the first and middle name fields should be left blank. Place holders such as NFN, NMN, and NA should not be used.

- b. Date of birth.
- c. Gender, as determined by the State.
- d. Unique Driver's license or identification card number. This cannot be the individual's SSN, and must be unique across driver's license or identification cards within the State.
- e. Full facial digital photograph. A full facial photograph must be taken pursuant to the standards set forth below:
 - (1) States shall follow specifically ISO/IEC 19794-5:2005(E) Information technology—Biometric Data Interchange Formats—Part 5: Face Image Data. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain a copy of these incorporated standards from <http://www.ansi.org>, or by contacting ANSI at ANSI, 25 West 43rd Street, 4th Floor, New York, New York 10036. You may inspect a copy of the incorporated standard at the Department of Homeland Security, 1621 Kent Street, 9th Floor, Rosslyn, VA (please call 703-235-0709 to make an appointment) or at the National Archives and Records

Administration (NARA). For information on the availability of material at NARA, call 202-741-6030. These standards include:

- (i) Lighting shall be equally distributed on the face.
 - (ii) The face from crown to the base of the chin, and from ear-to-ear, shall be clearly visible and free of shadows.
 - (iii) Veils, scarves or headdresses must not obscure any facial features and not generate shadow. The person may not wear eyewear that obstructs the iris or pupil of the eyes and must not take any action to obstruct a photograph of their facial features.
 - (iv) Where possible, there must be no dark shadows in the eye-sockets due to the brow. The iris and pupil of the eyes shall be clearly visible.
 - (v) Care shall be taken to avoid “hot spots” (bright areas of light shining on the face).
- (2) Photographs may be in black and white or color.

EXCERPTS FROM THE FINAL RULE

IV. Discussion of Comments

1. Minimum Driver’s License or Identification Card Data Element Requirements*

2. Gender

Comment: Two States raised issues about how gender is determined for transgender individuals and whether gender will be included as a verifiable identifier through EVVE.

Response: DHS will leave the determination of gender up to the States since different States have different requirements concerning when, and under what circumstances, a transgendered individual should be identified as another gender. Data fields in EVVE are outside the scope of this rulemaking.

* Federal Register Volume 73, Number 19 (Tuesday, January 29, 2008)
[Rules and Regulations]
[Pages 5272-5340]
From the Federal Register Online via the Government Printing Office
(www.gpo.gov)
[FR Doc No: 08-140]

Appendix F Canadian Passport Order SI/81-86: Schedule Additional Information

Sex *

- 4 (1) Where the sex indicated in an application for a passport is not the same as that set out in that applicant's birth certificate, the applicant may be requested to provide an explanation.
- (2) Where an application for a passport indicates that a change of sex of the applicant has taken place, the applicant may be requested to submit a certificate from a medical practitioner to substantiate the statement.

Identity Management: Change of sex designation for reasons other than a clerical or administrative error †

Historical records, such as an immigration record of landing or a Confirmation of Permanent Residence, will not be amended unless a clerical or administrative error was made by Immigration, Refugees and Citizenship Canada (IRCC). In such instances, the officer should follow the instructions in [*Change of sex designation due to a clerical or administrative error*](#).

For other records, below are the general documents that can be submitted to support a request to change the sex designation on IRCC documents.

* "Canadian Passport Order SI/81-86" (February 3, 2016), <http://laws-loisjustic.gc.ca/PDF/SI-81-86pdf>, <http://laws-lois.justice.gc.ca>, Schedule, Section 8 Additional Information: Sex 4(1)(2)

† "Identity Management: Change of sex designation for reasons other than a clerical or administrative error" (March 23, 2016), *Government of Canada, Citizenship and Immigration Canada, Communications Branch*, <http://www.cic.gc.ca/english/resources/tools/id/designation/request.asp>

In addition to the documentary evidence listed below, the applicant must still provide any documents requested as part of the application instruction guide and document checklist to establish identity.

Additional documentation may be requested during the processing of the application. If anything further is required, the officer should contact the applicant.

Acceptable documents

The following are the three options for documents that can be submitted in order to request a change of sex designation on IRCC documents.

Documents issued by Canadian provinces or territories

- Legal document issued by provincial or territorial vital statistics organizations indicating a change in sex designation
- Court order
- Amended birth certificate indicating a change in sex designation

If the applicant appears to be eligible for the listed documents issued by Canadian provinces or territories and has not provided adequate reasoning for why a provincial or territorial document was not submitted in their statutory declaration, the application should be returned as incomplete and the applicant should be advised to reapply with the required documentation. See the section on the statutory declaration to request a change of sex designation for acceptable reasons.

Proof of sex reassignment surgery

IRCC does not require proof of any sex reassignment surgery in order to amend the sex designation on documents. However, an applicant can, in order to support their request to change their sex designation, submit proof of sex reassignment surgery (partial or full) from a medical practitioner in good standing with the regulatory body under which they practise.

Applicants unable to obtain documents issued by Canadian provinces or territories

If the applicant is unable to obtain or is ineligible for the provincial or territorial documents listed, they must submit the following two documents in English or French:

- a statutory declaration stating that the applicant's gender identity corresponds with the requested change in sex designation and that they are living full time in the gender corresponding to the sex designation requested to appear on the IRCC document, along with a reason why a provincial or territorial document was not issued; and
- a letter from an authorized physician or psychologist following the template provided by IRCC stating that they
 - are a practising member in good standing with the appropriate regulatory body,
 - have treated or evaluated the applicant, and
 - confirm that the applicant's gender identity does not correspond with the sex designation on their IRCC document.

Additional requirements

Complete statutory declaration

On the statutory declaration, applicants are required to provide reasons why they are not providing an amended birth certificate or legal order issued by a provincial or territorial vital statistics organization indicating a change in sex designation.

If the applicant has not provided a reason, the officer should return the entire application as incomplete.

Witnesses

In Canada, a statutory declaration attesting to the applicant's gender identity must be sworn in the presence of one of the following:

- a notary public;
- a commissioner of taking oaths; or
- a commissioner of taking affidavits.

Outside Canada, it must be sworn in the presence of a notary public.

Signature of a parent or legal guardian for minors

If a change of sex designation is being requested on an application for proof of citizenship, a grant of citizenship, permanent residency or a permanent resident card for an individual under 18 years of age, both the applicant and their parent or legal guardian will need to sign and provide proof of parentage or legal guardianship, as stipulated within the appropriate jurisdiction.

Letter from a medical professional

The requirement that a medical professional in Canada be a practising member in good standing with the respective regulatory body should be verified, where possible, on provincial or territorial regulatory bodies' public websites.

- Ontario
 - [College of Physicians and Surgeons of Ontario](#)
 - [College of Psychologists of Ontario](#)
- Quebec
 - [Collège des médecins du Québec](#)
 - [Ordre des psychologues du Québec](#)
- Nova Scotia
 - [College of Physicians and Surgeons of Nova Scotia](#)
 - [The Nova Scotia Board of Examiners in Psychology](#)
- Newfoundland and Labrador
 - [College of Physicians and Surgeons of Newfoundland and Labrador](#)
 - [Newfoundland and Labrador Psychology Board](#)
- Prince Edward Island
 - [College of Physicians and Surgeons of Prince Edward Island](#)
 - [PEI Psychologists Registration Board](#)
- New Brunswick
 - [College of Physicians and Surgeons of New Brunswick](#)
 - [College of Psychologists of New Brunswick](#)
- Manitoba
 - [College of Physicians and Surgeons of Manitoba](#)
 - [Psychological Association of Manitoba](#)
- Saskatchewan
 - [College of Physicians and Surgeons of Saskatchewan](#)
 - [Saskatchewan College of Psychologists](#)
- Alberta
 - [College of Physicians and Surgeons of Alberta](#)
 - [College of Alberta Psychologists](#)
- British Columbia
 - [College of Physicians and Surgeons of British Columbia](#)
 - [College of Psychologists of British Columbia](#)
- Yukon
 - [Yukon Medical Council](#)
 - No association for psychologists
- Northwest Territories
 - The Northwest Territories does not have a college of physicians and surgeons. Practitioners within the territory must be eligible to practise in their own home province or territory and can therefore be verified on the appropriate provincial or territorial college's website.
 - Registrar of Psychologists, Department of Health and Social Services
8th Floor, Centre Square Tower
Government of the Northwest Territories,
Box 1320
Yellowknife, Northwest Territories X1A 2L9
Telephone: 867-920-8058
- Nunavut
 - Nunavut does not have a college of physicians and surgeons. Practitioners within the territory must be eligible to practise in their own home province and can therefore be verified on the appropriate provincial or territorial college's website.
 - Registrar, Professional Licensing, Nunavut Health and Social Services
Government of Nunavut, Box 390
Kugluktuk, Nunavut X0B 0E0
Telephone: 867-982-7668

Further documentary evidence required by line of business

Applicants may be required to submit further documentary evidence, according to the line of business and where the documentation originated.

Where documentary evidence originates in Canada

Citizenship and permanent residence

For the citizenship and permanent residence lines of business, if the documentary evidence provided by the applicant originates in Canada, the applicant must submit

- a document issued by a Canadian province or territory indicating the change of sex designation, or a statutory declaration and a letter from a medical professional if they are unable to obtain a document issued by a Canadian province or territory; and
- a signed copy of a *Request for permanent resident card indicating sex different from foreign travel document* if they are applying for changes to a permanent resident card but have not amended their foreign passport or travel document. It should be noted that this document need only be signed by the applicant and does not need to be co-signed by a witness.

See *Change of sex designation for reasons other than clerical or administrative error* for more information.

Temporary residence

For the temporary residence line of business, the sex designation indicated on the IRCC document must reflect what is indicated on the foreign passport.

If an applicant with a valid temporary resident document (such as a work permit, study permit, temporary resident permit, temporary resident visa or visitor record) has their foreign passport amended to reflect a change in sex designation, they will need to apply for a new document, along with all relevant application-related supporting documents, including a linking document for a change of sex designation.

Where documentary evidence originates outside Canada

Citizenship

For the citizenship line of business, if the documentary evidence provided originates outside Canada, the applicant must submit

- a document indicating a change of sex designation, such as a legal order, court order or amended birth certificate, or a statutory declaration and accompanying letter from a medical professional; and
- photo identification issued by the national, state or provincial (or equivalent) authority where they reside that indicates the amended sex designation.

If the applicant is unable to obtain the supplementary photo identification in the requested sex designation, they must provide a reason (such as fear of persecution or inability to amend foreign documents prior to amending Canadian documents). If photo identification is not provided and the applicant fails to provide an adequate reason, the application must be returned as incomplete.

For applicants residing in Canada, supplementary photo identification can include the following documents issued by a Canadian province or territory:

- a driver's license;
- a health card;
- an age of majority card;
- a social services card; or
- a senior citizen identification card.

For applicants residing outside Canada, supplementary photo identification can include

- an amended foreign passport, for dual Canadian citizens; or
- a national or state identification card.

Note: Any copy of a foreign passport or national authoritative document should show the document type and number, issuance date and expiry date and the applicant's full name, photo and date of birth.

Permanent residence and temporary residence

For permanent residence and temporary residence, if the documentary evidence provided originates outside Canada, the applicant's foreign passport must first be amended to indicate the amended sex designation. The applicant must provide a linking document used as evidence of a change of sex designation that will be copied or scanned and kept in the applicant's file.

For permanent residence and temporary residence lines of business, if the foreign passport has been amended to indicate the requested sex designation, the applicant must submit

- a copy of their foreign passport or other national authoritative document amended to reflect the requested sex designation; **and**
- a document indicating a change of sex designation, such as a legal order, court order or amended birth certificate, or a statutory declaration and accompanying letter from a medical professional, with an official translation if not in English or French; **and**
- photo identification issued by the national, state or provincial (or equivalent) authority where they reside that indicates the amended sex designation.

For applicants residing in Canada, supplementary photo identification can include the following documents issued by a Canadian province or territory:

- a driver's license;
- a health card;
- an age of majority card;
- a social services card; or
- a senior citizen identification card.

For applicants residing outside Canada, supplementary photo identification can include the following documents (with an official translation):

- a national or state identification card; or
- a foreign passport (in addition to the primary one being used for the application), if the applicant is a dual citizen.

Note: Any copy of a foreign passport or national authoritative document should show the document type and number, issuance and expiry dates and the applicant's full name, photo and date of birth.

Recording information regarding change of sex designation requests in GCMS

In all cases, a client note must be recorded to the applicant's unique client identifier (UCI) in GCMS, and the applicant must be notified of the decision to grant or deny the change. If the applicant's request to change the sex designation on their document is granted, the amended sex designation will be recorded in the appropriate field for sex designation (typically Sex or Gender). Once the amended sex designation is recorded, the officer should ensure that the previous sex designation is indicated as the former sex designation.

If the applicant's request to change the sex designation on their document is denied, the officer should ensure that notes on the applicant's record indicate that a request was made as well as the reasons for denying it.

Date Modified: 2016-03-23

**safe drivers
safe vehicles
secure identities
saving lives!**



American Association of Motor Vehicle Administrators

4401 Wilson Boulevard, Suite 700

Arlington, Virginia 22203

703.522.4200 | aamva.org

Exhibit 57

Eastman, Jeannie

From: Eastman, Jeannie
Sent: Wednesday, January 03, 2018 2:30 PM
To: Duke, Brian
Subject: FW: gender reassignment

This was originally sent in September, 2017 and Ms. [Confidential Information] has not received a response or been contacted. Can you please resend it through the chain?

Thanks!

*Jeannie Eastman
Driver License Supervisor
Alabama Law Enforcement Agency
Office: 334-242-4777
jeannie.eastman@alea.gov*

Please note that my email address has changed



From: [Confidential Information] [mailto:[Confidential Information]@gmail.com]
Sent: Wednesday, January 03, 2018 2:24 PM
To: Eastman, Jeannie
Subject: Re: gender reassignment

Hi Jeannie,

Could you please inform me of an update on this? I have not had anyone reach out to me about this yet.

Thanks,

[Confidential Information]

On Wed, Sep 6, 2017 at 4:41 PM [Confidential Information] <[Confidential Information]@gmail.com> wrote:

Great, thank you so much! I'll be looking forward to hearing from them - in the meantime I'm waiting to get my new birth certificate in the mail so that I can get it changed within the official (albeit very outdated) policy. Appreciate your help,

[Confidential Information]

On Wed, Sep 6, 2017 at 4:37 PM Eastman, Jeannie <Jeannie.Eastman@alea.gov> wrote:

This has been sent to my Sergeant and will go through the chain to the Chief.

Jeannie Eastman

Driver License Supervisor

Alabama Law Enforcement Agency

Office: 334-242-4777

jeannie.eastman@alea.gov

Please note that my email address has changed

From: Confidential Information [mailto:Confidential Information@gmail.com]

Sent: Wednesday, September 06, 2017 4:35 PM

To: Eastman, Jeannie

Subject: Re: gender reassignment

Do you have their emails or have I already been CC'd to them?

Confidential Information

On Wed, Sep 6, 2017 at 4:27 PM Confidential Information <Confidential Information@gmail.com> wrote:

Thank you,

I only ask because this policy isn't in accordance with WPATH guidelines (recognized as the authority in this field by the American Medical Association) and I believe it is very discriminatory in nature.

I'd greatly appreciate an opportunity to talk to the Division Chief or Legal Division before I consider taking any sort of legal action.

Thank you so much for your help, Jeannie - I appreciate it.

Confidential Information

On Wed, Sep 6, 2017 at 4:18 PM Eastman, Jeannie <Jeannie.Eastman@alea.gov> wrote:

Our Division Chief and Legal Division is responsible for setting departmental policies. I will pass your questions and email address up the chain of command.

Jeannie Eastman

Driver License Supervisor

Alabama Law Enforcement Agency

Office: 334-242-4777

jeannie.eastman@alea.gov

Please note that my email address has changed

From: Confidential Information [mailto:Confidential Information@gmail.com]

Sent: Wednesday, September 06, 2017 4:12 PM

To: Eastman, Jeannie

Subject: Re: gender reassignment

Hi Jeannie,

Thank you for scanning that for me.

I understand that this *is* your current policy, but my question was not if it was the policy, rather *who* is responsible for deciding and setting your current policy. Essentially I'm asking who or what process decided this requirement, and when the policy was put into place in an official capacity.

If you're not sure - could connect me with someone who would know?

Thanks again,

Confidential Information

On Wed, Sep 6, 2017 at 4:04 PM Eastman, Jeannie <Jeannie.Eastman@alea.gov> wrote:

The document sent to you was copied, printed on letterhead and scanned so it could be emailed to you. This is our current policy and the letter you sent us does not meet the requirements to change the gender on a driver license.

Jeannie Eastman

Driver License Supervisor

Alabama Law Enforcement Agency

Office: 334-242-4777

jeannie.eastman@alea.gov

Please note that my email address has changed

From: Confidential Information [mailto:Confidential Information@gmail.com]

Sent: Wednesday, September 06, 2017 3:47 PM
To: Eastman, Jeannie
Subject: Re: gender reassignment

Hi Jeannie,

Thank you for sending me this information. However - it appears in the file metadata that this document was created *just earlier today* at 3:29:58 PM. Is this the original policy document?

If not, who is responsible for this policy and how can I contact them? I'd really like to get to the bottom of this "internal policy".

Thank you,

Confidential Information

On Wed, Sep 6, 2017, 3:31 PM Eastman, Jeannie <Jeannie.Eastman@alea.gov> wrote:

Attached is the Driver License Division Policy on Gender Reassignment.

Exhibit 58

**INSTRUCTIONS TO CHANGE THE INDICATOR OF SEX ON AN
IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY**

As of April 6, 2018, people who were born in Idaho can apply to change the indicator of sex on their birth certificate to match their gender identity. In addition to these instructions, this packet provides the application form to change the sex and an order form to request copies of the new certificate. Medical documentation is **not required** to change the sex; however, a court order granting name change is required to change the name of the person listed as the child on the birth certificate. After a valid application is received and reviewed, the Idaho Bureau of Vital Records and Health Statistics will create a replacement birth certificate. The new certificate will not show that the gender or name has been changed. The original birth certificate will be placed in a sealed file that can only be opened by an Idaho court order.

Summary Instructions

1. Read all information in this packet before completing the application.
2. The application information may be filled out online and printed or entered by hand. If entering the information by hand, use blue or black ink and make sure the information is neat and can be read.
3. If you want to change the name on the birth certificate at the same time, you must include a certified copy of a court order legally changing the name of the person listed as the child on the birth certificate.
4. Applications to change the sex or name must be signed in the presence of a notary public.
5. If you want a copy of the new birth certificate, you must submit a completed order form and a copy of the signer's identification.
6. There is a fee of \$20.00 to process the application. Copies of the new birth certificate are an additional \$16.00 each.
7. Mail the application to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO 83720-0036

Who can make a request to change the indicator of sex on the birth certificate?

Anyone who was born in Idaho and feels their gender identity does not match the indicator of sex on their birth certificate can request this change. The person listed on the birth certificate is referred to as the registrant. In some cases, the person applying to make the change (the applicant) may be different from the registrant. For example, if the registrant is under the age of 18, the applicant must be a parent (or legal guardian) since the parent(s) listed on the registrant's birth certificate must consent to changing the birth certificate. On the application form, there is a place for the applicant's information and the registrant's information.

Can the name on the birth certificate be changed at the same time?

Yes. The applicant will need to send an original, certified copy of a court order legally changing the registrant's name. The court order must identify the person by the name currently on the birth certificate and their date of birth. If the court order does not contain the required information, the applicant may submit, along with the court order, a certified copy of the petition or application for the name change if it contains the required information. The new certificate will not show that the name has been changed. If the name on the certificate was changed previously, the applicant can ask that notations of amendment on the record be removed. Any future legal name changes will be shown on the record.

**INSTRUCTIONS TO CHANGE THE INDICATOR OF SEX ON AN
IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY****How long will it take to make the change on the birth record once the application has been submitted?**

Processing times are subject to variation and incomplete orders will be significantly delayed. Applicants can anticipate about a four to six-week turnaround time. Requests are processed in the order they are received in the Bureau. For those who need a quicker turnaround on their application, they may choose to pay a RUSH fee (\$25.00) to expedite the application. These typically have a one to two-week turnaround time.

How do I get a copy of the new birth certificate?

To order a copy of the new birth certificate, fill out the IDAHO VITAL STATISTICS CERTIFICATE REQUEST form. It is at the end of this packet. Carefully review the instructions on the back of the form to ensure that it is filled out completely. Proper identification and payment are required. If they are not included, the request for the certificate will be significantly delayed. Ordering a copy of the new record is optional. If the applicant wants a copy of the original birth certificate, it must be ordered prior to requesting this change. Once the change to the indicator of sex is made, the original certificate will be placed in a sealed file which cannot be opened except upon the receipt of a court order from an Idaho court.

What is the process if I am a parent requesting that my child's birth certificate be changed?

All parents listed on the child's birth certificate must consent to changing the indicator of sex on the birth certificate. Consent is demonstrated by having both parents' signatures notarized on the application form. If a parent cannot be found, the applicant must also submit a certified copy of an order from an Idaho court ordering that the consent of only one parent is required. If a parent listed on the birth certificate is deceased, an original, certified copy of a death certificate must be submitted with the application. The death certificate will be returned to the applicant.

What fees are associated with making an application to change the indicator of sex on the birth certificate?

- \$20.00 application fee
- \$25.00 RUSH fee to add expedited service (optional). Please note that RUSH service is requested by writing RUSH on the front of the envelope and including the RUSH fee.
- \$16.00 fee for each copy of the new certificate requested.
- There is no shipping charge for regular mail. If express mail is desired, the applicant can express mail the application materials to us and include a prepaid express mail envelope for the return.

Who do I contact if I have more questions?

- www.vitalrecords.dhw.idaho.gov for forms and general ordering information.
- ivr@dhw.idaho.gov to email questions to the Bureau of Vital Records and Health Statistics.
- (208) 334-5980 to contact a vital records customer service representative.
- IDAHO VITAL RECORDS to mail requests.

PO BOX 83720
BOISE IDAHO
83720-0036



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

APPLICATION TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

This application form is only for requesting a change to the indicator of sex on the birth certificate. This is NOT an order form. To order a certificate, use the IDAHO VITAL STATISTICS CERTIFICATE REQUEST form.

APPLICANT INFORMATION

1. Applicant's current legal name	First	Middle	Last
2. Applicant's relationship to registrant	<input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN		(provide copy of court ordered guardianship)

CURRENT REGISTRANT INFORMATION ON THE BIRTH RECORD TO BE AMENDED

3. Full name as it currently appears on the birth record	First	Middle	Last
4. Date of birth	MM/DD/YYYY	5. Place of birth	CITY
6. Sex as it currently appears on the birth certificate	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		
7. Mother/Parent full name on registrant's birth certificate	First	Middle	Last
8. Father/Parent full name on registrant's birth certificate	First	Middle	Last

NAME CHANGE

The name on this certificate has previously been amended to reflect a name change. I want the amendment note removed.

Change the name to:

First	Middle	Last	Suffix
-------	--------	------	--------

(An original, certified copy of the court order changing the name is required with the application.)

I am not requesting a name change at this time.

ATTESTATION

The sex shown on the birth certificate referenced above does not match the registrant's gender identity. I am requesting that the sex on the birth certificate identified above be changed to MALE FEMALE

State of)	AFFIDAVIT* OF REGISTRANT (18 OR OLDER), LEGAL GUARDIAN, OR PARENT LISTED ON THE BIRTH CERTIFICATE (UNDER 18)
County of)	

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Notary Public _____ Applicant's signature _____

Residing At _____ Printed Name _____

My Commission Expires _____ / _____ /20_____ Street Address _____

(Seal) _____ City, State, Zip Code _____



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

APPLICATION TO CHANGE THE INDICATOR OF SEX ON AN IDAHO BIRTH CERTIFICATE TO REFLECT GENDER IDENTITY

State of)
County of)

SUPPORTING AFFIDAVIT* OF THE SECOND PARENT LISTED ON THE BIRTH CERTIFICATE
REQUIRED FOR MINORS IF TWO PARENTS ARE LISTED ON THE BIRTH CERTIFICATE

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Notary Public _____ Parent's signature _____

Residing At _____ Printed Name _____

My Commission Expires _____ / _____ /20 _____ Street Address _____

(Seal) _____ City, State, Zip Code _____

State of)
County of)

SUPPORTING AFFIDAVIT* OF MINOR
REQUIRED FOR MINORS UNDER THE AGE OF 18

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Notary Public _____ Minor Applicant's Signature _____

Residing At _____ Printed Name _____

My Commission Expires _____ / _____ /20 _____ Street Address _____

(Seal) _____ City, State, Zip Code _____

CHECKLIST

- Complete APPLICANT and REGISTRANT information has been provided
- The appropriate selection for a name change has been selected.
- All required signatures have been notarized.
- The certificate request form has been completed and reviewed and identification has been included (if a new certificate is desired).
- Appropriate fees have been included.
- Mail to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO 83720-0036

Fees:
\$20.00 application fee
\$16.00 certificate fee (per certificate)
\$25.00 RUSH fee (optional)

*IDAHO CODE §39-273 STATES THAT FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.

IDAHO VITAL STATISTICS CERTIFICATE REQUESTIDAHO VITAL RECORDS • P.O. Box 83720 • Boise, ID 83720-0036 • (208) 334-5988 • www.vitalrecords.dhw.idaho.gov**Instructions for completing this form are located on the back of this document. Please read these instructions carefully. Failure to do so may cause a significant delay in processing your request.**

YOUR MAILING ADDRESS INFORMATION (PERSON REQUESTING THE CERTIFICATE)			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	
STREET AND NUMBER (P.O. BOX)		CITY, STATE	ZIP CODE
CONTACT PHONE NUMBER (DAYTIME)	YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (SELF, MOTHER, ETC.)		
PURPOSE FOR THE CERTIFICATE		<input type="checkbox"/> INCLUDE COPY OF ACKNOWLEDGEMENT OF PATERNITY WITH BIRTH CERTIFICATE.	
SIGNATURE OF THE PERSON REQUESTING THE CERTIFICATE: PROVIDE A PHOTOCOPY OF SIGNER'S IDENTIFICATION *			
▶			
IMPORTANT: BIRTH, DEATH, STILLBIRTH, MARRIAGE OR DIVORCE MUST HAVE OCCURRED IN IDAHO			
<input checked="" type="checkbox"/> EVENT REQUESTED: BIRTH <input type="checkbox"/> STILLBIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> Available from July of 1911 MISCARRIAGE <input type="checkbox"/> Available from July of 2016			
NAME ON THE CERTIFICATE			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	
DATE OF EVENT	CITY OF EVENT	NUMBER OF COPIES YOU ARE REQUESTING	
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	MAIDEN SURNAME
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	MAIDEN SURNAME
<input checked="" type="checkbox"/> EVENT REQUESTED: MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> Available from May of 1947			
<input type="checkbox"/> BRIDE/WIFE <input type="checkbox"/> GROOM/HUSBAND			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME (AT THE TIME OF THE EVENT)	
<input type="checkbox"/> BRIDE/WIFE <input type="checkbox"/> GROOM/HUSBAND			
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME (AT THE TIME OF THE EVENT)	
DATE OF EVENT	CITY OF EVENT	NUMBER OF COPIES YOU ARE REQUESTING	
ORDER TOTALS			
DESCRIPTION OF ITEM	FEES	#OF COPIES	TOTAL COST
BIRTH-STILLBIRTH/MISCARRIAGE-MARRIAGE-DIVORCE-DEATH CERTIFIED COPY (COMPUTER GENERATED)	\$16.00		
BIRTH-STILLBIRTH/MISCARRIAGE-MARRIAGE-DIVORCE-DEATH CERTIFIED PHOTOCOPY	\$21.00		
ADDITIONAL PHOTOCOPIES OF THE SAME CERTIFICATE EVENT	\$16.00		
SPECIAL HANDLING (RUSH ORDERS ONLY) PER EVENT REQUESTED	\$10.00		
TOTAL ENCLOSED			

* See the back of this document for further instructions, information, and explanation of fees.

* If you would like to RUSH your order, please include a one-time charge of \$10.00 (per event) and write **RUSH** on the outside of your envelope. There is no shipping charge for regular mail. If express mail is desired, you may express mail your request to us and include a prepaid express mail envelope back to yourself. We cannot send your order C.O.D.

PLEASE READ THESE INSTRUCTIONS CAREFULLY**WHO CAN ORDER**

Only immediate family members, their legal representative, or those who provide documentation showing it is needed for their property right may order legally confidential certificates. Immediate family includes: spouse, sibling, parent, child, grandparent, and grandchild.

Proof of relation/legal representation may be required. Step-relatives, in-laws, great-grandparents, aunts, uncles, cousins, etc. are not immediate family as defined by Idaho Statute.

IDENTIFICATION IS REQUIRED

The applicant (person signing this request) must provide a photocopy of their driver's license or other current signed government [state, federal or tribal] issued picture identification. If this is not available, copies of two other forms of identification are required; one of which **MUST** include the applicant's signature. (Refer to the following list) **ID is accepted upon validity verification by our office.**

IMPORTANT: If acceptable identification is NOT enclosed, and/or your application is incomplete, your request will be returned and significant delays in processing your order may occur.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a signature	OR Two Forms of CURRENT ID – One MUST have a Signature	OR
<ul style="list-style-type: none"> • Driver's License • State ID Card • Passport • Tribal ID Card • Concealed Weapons Permit • Prison ID Card 	<ul style="list-style-type: none"> • Social Security Card with signature • Work ID Card with picture or signature • Auto registration with signature • Traffic Ticket with signature • Court Record with signature • College/School ID with picture • Matricula Card with signature. 	<ul style="list-style-type: none"> • Insurance Record • Auto Insurance • Driver Permit • Pay stub • Hunting/Fishing License • Passport Card
		<ul style="list-style-type: none"> • Notarized Signature on the Request • Have an immediate family member (that has current ID from the approved list) request it for you (Please Note: Proof of relation may be required.) • Court Order

FEEES**CERTIFICATE FEES**

Each certified copy or record search of a Birth, Stillbirth/Miscarriage, Death, Marriage or Divorce Certificate is \$16.00. Certified copies are computer-generated and are valid for most legal purposes. If the requested certificate cannot be found a statement of search will be issued. A certified *photocopy* (not computer-generated) of a Birth, Stillbirth/Miscarriage, Death, Marriage or Divorce certificate can be ordered for \$21.00; each additional certified photocopy of that record, ordered at the same time, is \$16.00.

LEGAL FEES

The Processing fee to complete an adoption, paternity, or court order name change is \$20.00. The processing fee to complete a delayed registration is \$25.00. (Does not include a copy of the certificate).

RUSH FEES

If you would like to RUSH your order, please include a one-time charge of \$10.00 (per event) and write **RUSH** on the outside of your envelope. If you would like to RUSH your legal action, please include a one-time charge of \$25.00 (per event). There is no shipping charge for regular mail. If express mail is desired, you may express mail your request to us and include a prepaid express mail envelope back to yourself. We cannot send your order C.O.D.

To order on-line, through VitalChek, please see our website at <http://www.vitalrecords.dhw.idaho.gov>. *Additional charges will apply.* All credit card orders are processed through Vitalchek.

Make checks or money orders payable to Idaho Vital Records.

SUBMITTING THE REQUEST

Complete the request form and mail it to the address on the front of the form. Remember to sign your request and enclose the correct fees and a copy of *both sides* of your signed picture ID.

WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, five years in prison, or both (*Title 39, Chapter 2, Idaho Code*).

Exhibit 59

TIME

Everything You Need to Know About the Debate Over Transgender People and Bathrooms



Peter Dazeley

By KATY STEINMETZ July 28, 2015

This week a judge in Virginia district court **will consider** a question coming before lawmakers and school principals across the country: should transgender Americans always be allowed to use the restrooms where they feel the most comfortable? And is it discrimination when they're forced to do otherwise?

Here is a primer on why the bathroom question is such a hot-button issue and why it's likely to show up in our newsfeeds in coming months.

Bathrooms and fights for civil rights go hand-in-hand. In the Jim Crow era, bathrooms—along with water fountains and lunch counters—were places that might be marked with “white only” signs. The bathroom has also been a battleground for women and handicapped workers fighting for equal treatment in the workplace. Because of the nature of things people do in the bathroom, it can be a space where they feel exposed or vulnerable and therefore resist change. It is also, as transgender icon Janet Mock says, “the great equalizer for all of us.”

Transgender people have to fight for authenticity as well as equality. The average person might have their age questioned when buying liquor or their ID checked at the airport, but people doubt transgender people's true identity on a much more regular and deeper level. For transgender kids, that might take the form of parents insisting that they're going through a phase or putting them in conversion therapy. For adults, that might be people questioning whether Caitlyn Jenner is really just doing it all for the publicity. “There is still this reluctance to accept trans people for who they are,” Mock says.

To opponents, “bathroom bills” suggest that what transgender people feel isn't valid. So-called “bathroom bills” introduced by social conservatives in states such as Arizona, Maryland, Kentucky and Florida typically mandate that people use the bathroom that matches the sex on their birth certificate. That's a marker that is difficult for most transgender people to change, as well as one that, for them, is a bureaucratic indicator decided by someone else that should not be weighed against their innate sense of self. Just **a handful** of states have “modernization” processes that make it easier for transgender people to change their birth certificates. Some in the community have protested by **taking selfies** in the bathrooms that they would have to use under such laws, highlighting how those spaces don't jibe with their appearance or their feelings.

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Conservatives argue that such bills are necessary to protect people’s privacy and public safety. Some social conservatives will say that they think transgender people are deluded. “I don’t want men who think they are women in my bathrooms,” testified a Maryland woman in a 2014 hearing on an LGBT non-discrimination bill. But a more common argument is that allowing transgender women to use the women’s room would open the doors up for sexual predators or peeping teenage boys to use those protections as a dangerous ruse to get into female spaces. GOP politician Mike Huckabee made this point in a much-talked-about joke that **made the rounds** earlier this summer.

No evidence has been uncovered showing that such fears are warranted. Several states, school districts and corporations have adopted their own policies affirming transgender people’s right to use the bathroom that aligns with their gender identity and have not reported problems, opponents of bathroom bills say. Progressive media watchdog Media Matters called up the 17 largest school districts governed by such policies and asked them if they had experienced any incidents of harassment or inappropriate behavior; **they reported none had**. Liberal lawmakers and activists say such rhetoric is just fear-mongering cloaking LGBT phobias.

Bathroom policies affect transgender people in serious ways. Transgender students have **reported** being told that they needed to use a unisex nurse’s office or staff restroom—missing out on class time, being teased and feeling “quarantined.” More than a quarter of transgender adults **say** they’ve been denied access to “gender-appropriate facilities.” In **a study** from UCLA’s Williams Institute, nearly 70% of transgender people said they had experienced verbal harassment in a situation involving gender-segregated bathrooms, while

nearly 10% reported physical assault. Transgender people will often seek out unisex bathrooms to avoid conflict that makes them feel like they don't belong in one space or the other.

More political fights about this issue are coming. Members of Congress **recently introduced** the Equality Act, a non-discrimination bill that would help protect LGBT Americans in spheres from the workplace to the jury box to the bathroom. Currently, there is no federal law that explicitly prohibits discrimination based on sexual orientation or gender identity. Most states also lack such statutes. Social conservatives in California, meanwhile, **have vowed** to get a "Privacy For All" initiative on the ballot that would require people to use school and government facilities that correspond with the marker on their birth certificate.

In the meantime, courts will continue to help decide the issue. The Equal Employment Opportunity Commission and the **Department of Justice** have found that discrimination against transgender people—including **denying them bathroom access**—is a form of sex discrimination covered under the Civil Rights Act. While some have said this proves that additional protections are not necessary, advocates for explicit non-discrimination laws say that they're important for enforcement, educating the public and making sure a person doesn't have to go to court to make their case. The decision from Virginia's district court will add to the precedents, spurring on the debate as LGBT activists choose their next battles after marriage equality.

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