



**INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK**

State Form 52802 (R5 / 8-13) / CW 2128  
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

\* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, [www.in.gov/dcs](http://www.in.gov/dcs). On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant _____		Legal middle name of applicant (If none, indicate "no middle") _____		Last name of applicant _____	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input checked="" type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) <b>ADOPTIONS OF INDIANA</b>					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Other (insert name of requestor) _____					
4. Name of contact person for organization <b>Meg Sterchi</b>			5. Telephone number (include area code) <b>( 317 ) 574-8950</b>		6. Fax number (include area code) <b>( 317 ) 574-8971</b>
7. Mailing address of organization (number and street, city, state, and ZIP code) <b>1980 E. 116th Street, Suite 325, Carmel, IN 46032</b>				8. E-mail address of requestor <b>meg@adoptionsofindiana.org</b>	
SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. <b>This authorization is valid for sixty (60) days from the date of consent below.</b>					
9. Signature of applicant or applicant's legal representative _____		10. Relationship to applicant _____	11. Date signed (mm/dd/yyyy) _____	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9) _____			14. Date of birth of applicant (mm/dd/yyyy) _____		15. Race of applicant _____
16. Current residential address of applicant (number and street, city, state, and ZIP code) _____				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) <b>XXX-XX-</b> _____	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County	Year Began	Year Ended	County	Year Began	Year Ended
Example - XYZ County	02/1992	Current	18c.		
18a.			18d.		
18b.			18e.		
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <span style="float: right;">If yes, complete 19a through 19e. If no, please stop.</span>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name) _____			19b. Other last name(s) _____		
19c. Nickname or shortened first name _____			19d. Pre-adoptive name or other alias name / how used _____		
19e. Other alias name / how used _____					
SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer			If yes, was there ever any negative action taken on the foster care application or license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>					
If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.					
22. * The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below. <input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.					
23. Signature of staff member completing check _____			24. Title of staff member completing check _____		25. Date (mm/dd/yyyy) _____
26. Printed name of staff member completing check _____			27. Indiana Department of Child Service office completing check _____ County Local Office / Central Office Background Check Unit		

## INSTRUCTIONS FOR INKLESS FINGERPRINTING

1. Using your computer's internet browser, go to [www.in.gov/isp](http://www.in.gov/isp)
2. Click on **Inkless Fingerprinting** on the left side of the page
3. Click on **L-1 Enrollment Services Scheduling**
4. Click on **Online Scheduling**
5. Click on **Follow this link to continue in English**
6. Enter your first and last name (one applicant at a time) – Click **Go**
7. Agency Name – Choose **“Private Adoption Agencies”** – Click **Go**
8. Private Adoption – Choose **“Adoptions of Indiana (INAP00059)”** – Click **Go**
9. Enter Zip Code – Click **Go**
10. Choose location and date – Click **“Click to Schedule”** – Choose Time – Click **Go**
11. Complete applicant information – Cost is approximately \$39.45/person for FBI clearance
12. Print Confirmation
13. **Close your computer's internet browser and reopen it before continuing.**
14. Repeat steps 1 – 6
15. When you reach step 7, choose **“Criminal Record Review/Challenge”**
16. Repeat steps 9 and 10
17. Complete applicant information – Cost \$19.95/person for State Police Criminal Clearance
18. Print Confirmation

The State Police criminal clearance will be returned to you and you will then need to forward the original to our office.

The FBI clearance will be sent to our office.

**You will need a valid ID at the time of your appointment to verify your information.**

Please make sure that you arrive promptly at the facility on your appointed date and time.

Should you have any questions, please feel free to call our office or your caseworker.

FINANCIAL PROFILE

**ASSETS**

Income (Salary and / or wages including bonuses) **Value / Amount**

Applicant A	
Applicant B	
Income from interest	
Income from dividends	
Rental Income	
Other	
<b>Total</b>	

Monthly Take Home _____
Monthly Take Home _____
Monthly Take Home Total: _____

**Investments**

Stocks	
Bonds	
Savings Certificates	
Certificates of Deposit	
Tax Deferred Annuities	
401k	
Mutual Funds	
Other	
<b>Total</b>	

**Broker / Bank**


**Bank Accounts**

Savings	
Checking	
Other	
<b>Total</b>	

**Bank / Institution**


**Other Real Property (Please List Type and Value)**

<b>Total Value</b>	

**House**

Estimated Value	
Balance on Mortgage	
Original Price	

**Autos (Please List Type and Approx Value)**


**Owned / Financed / Leased?**


**FINANCIAL PROFILE**

**INSURANCE**

<u>Insurance (Whole Life and Term)</u>	<u>Amount(s)</u>	<u>Insurance Company</u>
Applicant A		
Applicant B		
<b>Total</b>		

Medical Insurance  yes  no  
 Medical Insurance Company: \_\_\_\_\_

**FINANCIAL OBLIGATIONS**

**Amounts**

Monthly House / Rental Payment	
Combined Utilities	
Combined Monthly Auto Payment(s)	
Combined Monthly Credit Card Payment(s)	
Combined Monthly Life Insurance Payment(s)	

Other Combined Loan Payments (Please List)


Other Monthly Payments (Please List)


**Total Monthly Obligations**

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**Notes / Comments / Clarifications:**

(If there is any information that would help clarify your finances, please include it here. Thank you.)

ADOPTIONS OF INDIANA



PHYSICAL EXAMINATION FOR ADOPTION APPLICANT

TO EXAMINING PHYSICIAN:

In evaluating the applicant, Adoptions of Indiana must be guided by your medical findings as reported on this form. Please be detailed and print legibly or type all information. Please do not leave any blanks. Thank you for your assistance.

APPLICANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

Medical History

Have you ever had any of the following conditions/diseases?

Alcoholism/History of Substance Abuse: Yes / No If yes, please explain \_\_\_\_\_

Arthritis: Yes / No If yes, please explain \_\_\_\_\_

Bronchial Asthma: Yes / No If yes, please explain \_\_\_\_\_

Cancer: Yes / No If yes, please explain \_\_\_\_\_

Diabetes: Yes / No If yes, please explain \_\_\_\_\_

Epilepsy: Yes / No If yes, please explain \_\_\_\_\_

Genetic disease: Yes / No If yes, please explain \_\_\_\_\_

Glandular disturbance: Yes / No If yes, please explain \_\_\_\_\_

Handicap: Yes / No If yes, please explain \_\_\_\_\_

Heart disease: Yes / No If yes, please explain \_\_\_\_\_

Liver disease: Yes / No If yes, please explain \_\_\_\_\_

Lung disease: Yes / No If yes, please explain \_\_\_\_\_

Neuropathy: Yes / No If yes, please explain \_\_\_\_\_

Surgical operations: Yes / No If yes, please explain \_\_\_\_\_

Thyroid disorder: Yes / No If yes, please explain \_\_\_\_\_

Tuberculosis: Yes / No If yes, please explain \_\_\_\_\_

Tumor: Yes / No If yes, please explain \_\_\_\_\_

Physical Examination

Date of Examination: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_ Normal/ Not Normal (please explain) \_\_\_\_\_  
Vision: Normal/ Not Normal (please explain) \_\_\_\_\_  
Hearing: Normal/ Not Normal (please explain) \_\_\_\_\_  
Heart: Normal/ Not Normal (please explain) \_\_\_\_\_  
Liver: Normal/ Not Normal (please explain) \_\_\_\_\_  
Lungs: Normal/ Not Normal (please explain) \_\_\_\_\_  
Lymphatic system: Normal/ Not Normal (please explain) \_\_\_\_\_  
Thyroid: Normal/ Not Normal (please explain) \_\_\_\_\_  
Nervous system: Normal/ Not Normal (please explain) \_\_\_\_\_

Is the applicant taking any medication? Yes / No

If yes, list all medication and its purpose:

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Does this condition or medication affect the applicant's ability to adequately parent a child?

Yes / No If yes, please explain:

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Has there been a history of depression or any other mental health issue or diagnosis for the applicant currently or in the past? Yes / No If yes, please explain:

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If yes, what was the method of treatment? \_\_\_\_\_

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Has it resolved? \_\_\_\_\_

Does this affect the applicant's ability to adequately parent a child? Yes / No

If yes, please explain:

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Is the applicant free from communicable diseases? Yes / No If no, please explain:

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Has the applicant experienced fertility problems? Yes / No If yes, please state diagnosis and treatment

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Do you recommend this applicant as an adoptive parent? Yes / No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S STATEMENT (Doctor must sign)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name: (please print clearly) \_\_\_\_\_

License No: \_\_\_\_\_

Name of Practice:

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Practice address: \_\_\_\_\_

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Fax# \_\_\_\_\_ Phone # \_\_\_\_\_

**HOW TO CREATE YOUR AUTOBIOGRAPHY**

**DIRECTIONS:**

1. Please write in **narrative** form.
2. Answer the questions honestly and completely.
3. Upon completion, please fax, e-mail, or mail a copy to your adoption worker.
4. Print a second copy and affix the document titled, "ACKNOWLEDGEMENT AND AFFIRMATION." Your adoption worker will have you sign it and will notarize it at your next meeting.

Thank you!

Early Life: Please write about your childhood and formative years. Include the answers to the following in your description:

1. When, where, and to whom were you born?
2. How many children were in your family? Where are you in the birth order? How did siblings and birth order affect your development?
3. Are your parents still married to each other? If not, when did they divorce? To the best of your understanding, what were the circumstances surrounding the divorce? Did they remarry, who and when? How did their divorce and remarriage affect you and your family?
4. Where do your parents live today? Where did you grow up? Were you raised in a rural, suburban, or urban setting? Were other children nearby? How often did you move? How did this affect your childhood?
5. Discuss your relationship with your parents while growing up? How did they interact with you and your siblings? How did they provide discipline and nurturance? What kind of direction did they provide? What did they teach you about life (values and beliefs)? What principles did they instill?
6. What type of work did your parents do while you were growing up in the home? Did your mother work outside the home?
7. Discuss your parents' philosophy of discipline. What techniques did they use? What did it teach you? Would you say their approach to discipline was effective? What would you change? What did your parents do well? What do you hope not to repeat as a parent?
8. Who are your siblings? Please provide their names, ages, occupations and locations along with whether they are married, to whom, and list their children with their ages.
9. What family traditions did you enjoy?



10. Discuss you and your family's relationships with your extended family (ie. grandparents, aunts & uncles, cousins). What are your favorite memories with your extended family?
11. Discuss your friendships during your youth. How did your friendships influence you? How did your parents interact with your friends?
12. Discuss your educational background. Where did you attend high school and when did you graduate? How did you achieve academically and socially? In what areas were you involved? How were your parents involved with your education? How did they provide motivation and encouragement? What were your and your parent's values regarding education?
13. Who were your role models while growing up? How did they influence you and the decisions you made?

Your Adult History:

1. Describe your personality.
2. What do you like about yourself? What would you like to change?
3. How do you handle stress? What stresses have you dealt with in your life? What makes you angry? How do you express your anger? How do you show affection?
4. What has contributed most to the person you have become?
5. What are your family relationships like as an adult?
6. What, if any, education did you receive after high school? Where did you attend and what degree was earned? Discuss your experiences academically and socially. What was your field of study? What activities were you involved? How did you grow as a person during this time?
7. Discuss your dating relationships before marriage? What did it teach you about emotional intimacy, trust, and commitment? How did it prepare you for marriage? If prior marriages, please discuss the specifics of who you were married, length of time, reasons for dissolution, children affected, etc.
8. Where do you work? Describe the type of work you do. Why did you choose this career? What about it do you enjoy? What other jobs have you had in your adult life?
9. What hobbies do you enjoy individually, with your spouse, as a family? How often do you participate?
10. To what extent do you use alcohol, tobacco, or other drugs? Have you ever been concerned about your use? Has a loved one been concerned about your use? Have you ever been charged legally due to alcohol or drug involvement?

11. Describe any criminal history you may have. Were you acquitted/convicted? What was the charge? What was the penalty? Do you have any history of domestic violence or battery? Any behavior that would be dangerous to a child?
12. What religious/spiritual involvement do you have? How does it impact your life? Where do you attend? In what way do you participate (ie. worship, studies, committees, socially, governmental)?

#### Marital / Partner Relationship

1. How did you and your spouse meet? What was it about them that attracted you initially? How long did you date prior to marriage? How long have you been married? When and where did you marry?
2. Describe your spouse's personality. What qualities do you appreciate most? What surprised you the most about your spouse? In what areas could your spouse improve?
3. Describe your relationship with your spouse. What do you feel are the strong points of your marriage? What have been the biggest adjustments to married life? What holds you together? How do you work through conflict?
4. How do you feel loyalty and trust relates to your marriage?
5. Have there been any incidences of separation in your marriage? Please discuss the circumstances and what was learned during the time of separation.
6. If applicable, please discuss any infidelity that has occurred during your marriage (that of you or of your spouse).
7. What told you that you were ready to become an adoptive parent with your spouse's child?

#### Future and Family Life

1. What are your reasons for pursuing an adoption? Why now?
2. Describe your children's character, gifts, personality, talents, etc. In what ways are they like you or your spouse? How are they different? What problems have you had with your children? How has it resolved? How will they be affected by the adoption? What do you enjoy most about parenting?
3. What are your values about family life and career? How do you balance the two? Do you work outside the home? What are your plans to further your education/career? Does this impact your time with your family?
4. How does your extended family accept your child? Is the child be treated differently than other grandchildren, nieces/nephews?

5. What are your ideas regarding child rearing? What specific methods of discipline do you use? Do you and your spouse agree? In what ways are you different in your beliefs?
6. How do you feel about raising an adopted child, rather than a child by birth? Can you love a child not born to you? What concerns do you have?
7. How will you teach your child about their adoption? What will you say? How will you tell them?
8. What special issues do adoptive families face? How will you deal with these issues?
9. How will you deal with questions regarding your children's adoption? What worries do you have regarding adoption, birth families, etc?
10. What are your thoughts and feelings regarding your children's birth family and the decision they made for their child? How will you teach your children about their birth family?
11. How will you feel about them searching for their birth parents as an adult? How would this affect your relationship with them?
12. What questions, worries, or concerns do you have that an adoption professional might assist you with?

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ASHLEE and RUBY HENDERSON, a married )  
couple and L.W.C.H., by his parent and next )  
friend Ruby Henderson, *et al.*, )

Plaintiffs, )

vs. )

No. 1:15-cv-220-TWP-MJD

DR. JEROME M. ADAMS, in his official capacity )  
as Indiana State Health Commissioner, *et al.*, )

Defendants. )

**AFFIDAVIT OF CALLE AND SARAH JANSON**

Calle and Sarah Janson, being of lawful age and being duly sworn state as follows:

1. We are over the age of eighteen, competent to testify in these proceedings and have personal knowledge of the facts and matters contained within this affidavit.

2. Calle and Sarah Janson were legally married on June 27, 2014 in Terre Haute, Indiana.

3. Calle is a mental health therapist and works with children. Sarah is an aircraft dispatcher.

4. Calle and Sarah decided together to have this child and carefully planned for the birth of their child. The financial cost to conceive their child was approximately \$8,000.00 in expenses that they paid together out of their combined marital resources.

Affidavit of Sarah & Calle Janson  
Page 2 of 4

5. At the beginning of Calle's pregnancy, the couple learned that Sarah would not be listed on the birth certificate as the other parent of their baby. Calle and Sarah do not understand how two loving parents, no matter their gender, could be discriminated against because they are in a same sex relationship.

6. They do not understand why, after spending years of saving and months of planning for and conceiving their child, Sarah must go through the additional cost and burden of the adoption process.

6. Sarah and Calle reside in Marion County and have been advised that the Marion County court will require a home study to be done if Sarah seeks to adopt her child. The Jansons are offended and hurt at the idea of having someone come to their home to do a home study for the purpose of determining if their home and Sarah are good enough for their baby. The Jansons do not understand why they have to bring someone into their home to judge them when a married couple consisting of an artificially-inseminated birth mother and her husband do not have to go through the same process.

7. Sarah is stressed and worried thinking about what might happen now that their baby is born. She says she will always try to carry with her a document that gives her authority to make decisions on behalf of her baby when Calle is unavailable. If she and her child have to travel without Calle, she is nervous about whether others will recognize

Affidavit of Sarah & Calle Janson  
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her authority to make decisions on behalf of her child.

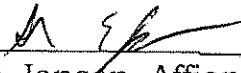
8. It is very distressing to Calle and Sarah that Sarah is legally a stranger to their baby.

9. Calle and Sarah put time, effort and much love in creating their family, they believe they should both be held legally responsible for providing for their child and that they should both be legally recognized as parents to their child. Not giving Sarah those rights by putting her on the birth certificate is discriminatory and hurtful.

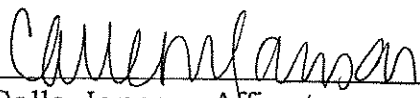
*(Continued On Next Page)*

Affidavit of Sarah & Calle Janson  
Page 4 of 4

I declare under penalty of perjury that the foregoing is true and correct. Executed on November 20, 2015.

  
\_\_\_\_\_  
Sarah Janson, Affiant

I declare under penalty of perjury that the foregoing is true and correct. Executed on November 20, 2015.

  
\_\_\_\_\_  
Calle Janson, Affiant

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ASHLEE and RUBY HENDERSON, a married )  
couple and L.W.C.H., by his parent and next )  
friend Ruby Henderson, *et al.*, )

Plaintiffs, )

vs. )

No. 1:15-cv-220-TWP-MJD

DR. JEROME M. ADAMS, in his official capacity )  
as Indiana State Health Commissioner, *et al.*, )

Defendants. )

**AFFIDAVIT OF LYNDSEY & CATHY BANNICK**

Lyndsey and Cathy Bannick, being of lawful age and being duly sworn state as follows:

1. We are over the age of eighteen, competent to testify in these proceedings and have personal knowledge of the facts and matters contained within this affidavit.

2. After being in a committed relationship for four years, we were lawfully married on October 18, 2013 in Iowa. Our baby was born on May 8, 2015 at Columbus Regional Hospital in Columbus, Indiana. While in the Hospital, Lyndsey was asked to complete the Birth Certificate Worksheet. A true and accurate copy of the worksheet is attached hereto as Attach. 1. On the form, Lyndsey listed Cathy as the second parent of H.N.B. They later received a Verification of Birth Facts from Columbus Regional Hospital which failed to list Cathy as the parent



Affidavit of Lyndsey & Cathy Bannick  
Page 2 of 4

of H.N.B. A true and accurate copy of the Verification of Birth Facts is attached hereto as Attach. 2. The Bannicks also received a Birth Confirmation Letter from the hospital, a true and accurate copy of which is attached hereto as Attach. 3. Again, Cathy was not named as a parent of H.N.B. The Bannicks also received a letter from the Bartholomew County Health Department stating the certified copy of the birth record was available, as well as a statement appearing to indicate that H.N.B. was born out-of-wedlock, a true and accurate copy of which is attached hereto as Exhibit 4. Again, Cathy was not named as a parent of H.N.B.

3. Both Cathy and Lyndsey are employed at Cummins where each has worked for over seven years. Cathy is an extended coverage manager while Lyndsey Bannick is a finance manager and holds her certified public accounting license.

4. Cathy and Lyndsey decided together to have a child because they wanted to extend their love and start a family by raising a child together. Lyndsey says she has run through the gamut of emotions from disappointment to anger to hurt because Cathy is not legally recognized as the parent of their child and because their child is considered to be a child born out-of-wedlock.

5. Cathy tries to take each day at a time, working to avoid consciously worrying about what might happen to her child if something should happen to Lyndsey. She always carries with her a power of

Affidavit of Lyndsey & Cathy Bannick  
Page 3 of 4

attorney signed by Lyndsey that gives Cathy the authority to make decisions on behalf of their child in the event that anyone should challenge Cathy's right to make decisions. To be safe, she also carries another document that Lyndsey executed at the hospital that also grants Cathy the authority to make medical decisions. On a recent family trip, Cathy forgot her documents and worried the entire time about what might something happen to Lyndsey and Cathy be required to make decisions on behalf of H.N.B. She was concerned that her out-of-state papers might not be recognized and the powers-that-be might not recognize her authority to make decisions regarding H.N.B. or to care for H.N.B.

6. "We jumped through all these hoops to have our child, making the decision together, committing ourselves to each other and our family. We used our joint resources and were together in the delivery room. Then the State of Indiana tells us that our family is not really a family and that if we want to be legally recognized as a family, we must incur the extra cost of Cathy adopting our own child," says Lyndsey. "If the State of Indiana has to recognize us as a legally married couple then it should also have to recognize our parental rights regarding the children born to our marriage."

*(Continued on Next Page)*

Affidavit of Lyndsey & Cathy Bannick  
Page 4 of 4

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 2, 2015.

  
Lyndsey Bannick, Affiant

I declare under penalty of perjury that the foregoing is true and correct. Executed on December 2, 2015.

  
Cathy Bannick, Affiant

COLUMBUS REGIONAL HOSPITAL  
2400 EAST 17<sup>TH</sup> STREET, COLUMBUS, INDIANA 47201  
BIRTH CERTIFICATE WORKSHEET

Infant's Information MRN [redacted] Birth order 1 # This birth 1  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth 5/8/15 Time of Birth 12:16 Sex: [redacted] Birth Weight 8 lbs. 0 oz.  
Gest. Age [redacted] Apgar score: [redacted] Hep. B Given [redacted] Date given [redacted]  
[redacted] Newborn Screen Number [redacted] Date Ordered [redacted]

Abnormal Conditions of the Newborn

Congenital Anomalies of the Newborn

[redacted] None  
Assisted Ventilation required immediate following delivery  
Assisted Ventilation required for more than 6 hours  
ICNY Admission  
Newborn given surfactant replacement therapy  
Antibiotics received by the newborn for suspected neonatal sepsis  
Seizure or serious neurologic dysfunction  
Significant birth injury (skeletal fracture, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention  
Unknown

[redacted] None  
Anencephaly  
Meningocele/Spina Bifida  
Cyanotic congenital heart disease  
Congenital diaphragmatic hernia  
Omphalocele  
Gastroschisis  
Limb reduction defect  
Cleft lip or without Cleft Palate  
Cleft Palate alone  
Down Syndrome-Karotype \_\_\_\_\_  
Suspected chromosomal disorder-Karotype \_\_\_\_\_  
Hypospadias  
Microcephaly  
Unknown

Mother's Information Soc. Sec. No. \_\_\_\_\_ MRN \_\_\_\_\_  
First Lyndsey Middle Nicole Maiden Kinser Last Bannick  
Date of Birth \_\_\_\_\_ Birthplace (City, State, County) Bloomington, Indiana, Monroe  
Mailing Address \_\_\_\_\_ city Columbus State IN  
County Bartholomew Zip Code \_\_\_\_\_ Inside city limits: [redacted] Telephone # [redacted]  
Highest grade completed Grad School Occupation Finance Manager Employer Cummins, Inc.  
Employer's Address (optional) \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # (optional) \_\_\_\_\_  
Race: white Married to father of this child: (Y/N) (Y) Paternity info given (Y/N) \_\_\_\_\_  
Parents #2



MAT-43 (12/20/10) 2/s

COLUMBUS REGIONAL HOSPITAL  
2400 EAST 17<sup>TH</sup> STREET, COLUMBUS, INDIANA 47201  
1-800-841-4938 812-379-4441

Birth Certificate  
Worksheet

PATIENT LABEL  
OR  
Pat: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MR #: \_\_\_\_\_

parent #2

# BIRTH CERTIFICATE WORKSHEET

**Father's Information**

Soc. Sec. No. \_\_\_\_\_

Race: \_\_\_\_\_

First Cathy Middle Ann Last Bannick

Date of Birth \_\_\_\_\_ Birthplace (City, State, County) \_\_\_\_\_

Mailing Address same City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_ Inside city limits: ( Y / N ) Telephone # \_\_\_\_\_

Highest grade completed BS Occupation Marketing Employer Cummins

Employer's Address (optional) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # (optional) \_\_\_\_\_

**Pregnancy History**

Live births: Now living \_\_\_\_\_ Now deceased \_\_\_\_\_ Month/Year of last live birth \_\_\_\_\_

Terminations before 20 wks. \_\_\_\_\_ After 20 wks. \_\_\_\_\_ Month/Year of last termination \_\_\_\_\_

**Prenatal Care and Statistical Information**



**Infections Present / Treated During this Pregnancy**

\_\_\_\_\_ None \_\_\_\_\_ Hepatitis B  
\_\_\_\_\_ Gonorrhea \_\_\_\_\_ Hepatitis C  
\_\_\_\_\_ Syphilis \_\_\_\_\_ HIV  
\_\_\_\_\_ Chlamydia \_\_\_\_\_ Unknown

**Obstetric Procedures**

\_\_\_\_\_ None \_\_\_\_\_ Version Successful / Failed  
\_\_\_\_\_ Cervical Cerclage \_\_\_\_\_ Unknown  
\_\_\_\_\_ Tocolysis



COLUMBUS REGIONAL HOSPITAL  
2400 EAST 17TH STREET, COLUMBUS, INDIANA 47201  
1-800-841-4938 812-379-4441

## Birth Certificate Worksheet

PATIENT LABEL  
OR

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MR #: \_\_\_\_\_

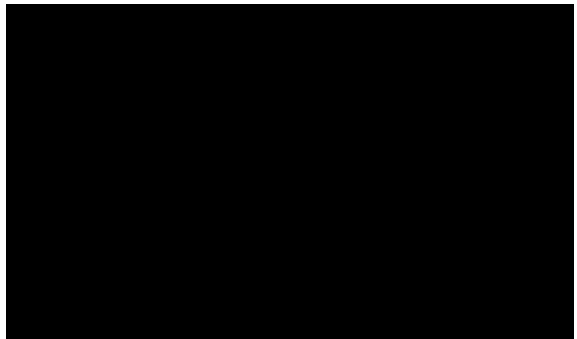
# BIRTH CERTIFICATE WORKSHEET

Risk Factors in this Pregnancy (Check all that apply)

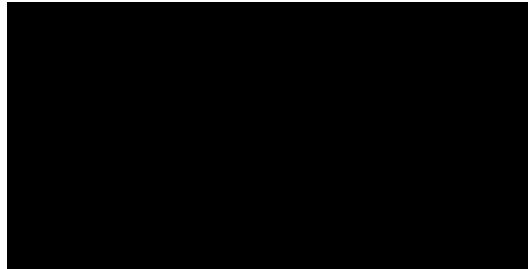


## Characteristics of Labor and Delivery

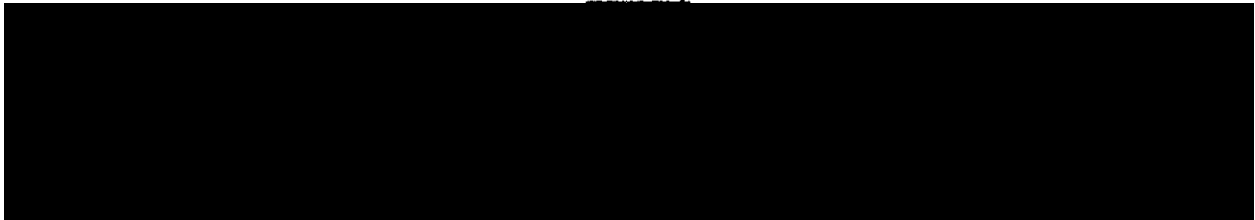
## Maternal Complications/Morbidity



## Onset of Labor



## Delivery



MAT-43 (12/20/10)

COLUMBUS REGIONAL HOSPITAL  
2400 EAST 17TH STREET, COLUMBUS, INDIANA 47201  
1-800-841-4938 812-379-4441

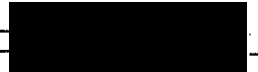
**Birth Certificate  
Worksheet**  
Page 3 of 3

PATIENT LABEL  
OR

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

MR #: \_\_\_\_\_



COLUMBUS REGIONAL HOSPITAL

VERIFICATION OF BIRTH FACTS

Mother's Medical Record #: [REDACTED]

Infant's Medical Record #: [REDACTED]

This is to verify the facts of birth that appear on the Indiana Certificate of Live Birth for:

[REDACTED] born [REDACTED]  
Child's Name: Last, First, Middle, Generation Suffix Date/Time of Birth

Sex: [REDACTED] Plurality: SINGLE Birth Order: SINGLE

MOTHER'S INFORMATION

Full Legal Name (Last, First, Middle, Generation Suffix): BANNICK, LYNDSEY NICOLE

Maiden Name: KINSER Date of Birth: [REDACTED]

Mother's Social Security #: [REDACTED]

Place of Birth: [REDACTED] County of Residence: BARTHOLOMEW

Residence Address: [REDACTED]

City: COLUMBUS State or Country: INDIANA Zip: [REDACTED]

Mailing Address: SAME

FATHER'S INFORMATION

Full Legal Name (Last, First, Middle, Generation Prefix):

Date of Birth: Place of Birth:

Father's Social Security #:

Signature of Parent:

STATEMENT OF AGREEMENT

If the married parents of this child have given the child a last name that is different from the Father's Legal Last Name, they should sign below to signify agreement:

Mother's Signature: Date:

Father's Signature: Date:

REJECTION OF PATERNITY

I affirm that I have been given the option to complete a voluntary paternity affidavit while hospitalized following the birth of my child(ren) that the paternity affidavit has been fully explained to me, and I do not choose to complete a paternity affidavit.

I understand that at some future date that I may choose to complete a paternity affidavit at the Local Health Department in the jurisdiction where the birth occurred until my child(ren) reach emancipation or if I may pursue a court ordered determination of parentage.

Printed name of Mother:

Signature of Mother: Date:



COLUMBUS REGIONAL HOSPITAL

Date 05/09/2015

TO WHOM IT MAY CONCERN:

**BIRTH CONFIRMATION LETTER**

This is to confirm that the following child was born at the COLUMBUS REGIONAL HOSPITAL in COLUMBUS, Indiana.

You have given permission for a Social Security Number to be applied for through the Social Security Administration.

Infant's Gender: MALE  
\_\_\_\_\_  
Infant's Name: \_\_\_\_\_  
Date of Birth: 05/08/2015  
\_\_\_\_\_  
Time of Birth: 12:16 PM  
\_\_\_\_\_  
Mother's Name: LYNDSEY NICOLE BANNICK  
\_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Signature: *Karen Siple*  
\_\_\_\_\_  
Title: *USR*  
\_\_\_\_\_  
Date: *5/9/15*  
\_\_\_\_\_



BARTHOLOMEW COUNTY HEALTH DEPARTMENT

Vital Records  
440 3RD ST STE 303  
COLUMBUS, IN 47201

5/14/2015

LYNDSEY NICOLE BANNICK



Dear Ms.BANNICK

We congratulate you on the birth of your child. Our office has received the following birth information as reported by the hospital. Please check to see if every item is correct. Please double check the spelling of all names. Now is the time to correct any errors. If there are any errors please print the correct information on the lines below and return this letter to the county health department. EACH parent named on the record must sign the form if there are any corrections to be made.

**Return this letter only if information is in error.** A certified copy of this record of birth is available from your Local Health Office. There may be a fee charged for any corrections made to the birth record.

Please Note:

NO CORRECTIONS CAN BE MADE IF A PATERNITY AFFIDAVIT WAS DONE.  
THE LAST NAMES CANNOT BE CHANGED.  
THE FATHERS NAME CANNOT BE ADDED ON THIS FORM.

Certificate No: 000404

File Date: 05/14/2015

CHILD'S NAME:

CORRECTION: \_\_\_\_\_

DATE OF BIRTH: 05/08/2015

CORRECTION: \_\_\_\_\_

MOTHER'S NAME: LYNDSEY NICOLE BANNICK

MAIDEN:

CORRECTION: \_\_\_\_\_

MAIDEN: \_\_\_\_\_

MOTHER'S STATE OF BIRTH: INDIANA

DATE OF BIRTH:

CORRECTION: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_

Case 1:15-cv-00220-TRE-MJD Document 70-13 Filed 12/04/15 Page 2 of 2 PageID #: 754  
INDIANA LAW REQUIRES THAT A CHILD BORN OUT OF WEDLOCK BE RECORDED UNDER  
THE NAME OF THE MOTHER. THE FATHER'S NAME MAY BE ADDED TO THE RECORD IN  
ONE OF THE THREE WAYS:

- 1.) **THROUGH AN ORDER OF THE COURT.** Contact the Child Support Office and request an appointment to establish paternity. Call 812-379-1670.
- 2.) **BY MARRIAGE TO THE NATURAL FATHER.** Contact Vital Records here at the Bartholomew County Health Department and request an appointment for a Legitimation. Call our office at 812-379-1550. The fee is \$20.00.
- 3.) **BY VOLUNTARY PATERNITY** done at the Bartholomew County Health Department. Call our office at 812-379-1550 for an appointment. The fee is \$20.00.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ASHLEE and RUBY HENDERSON, <i>et al.</i>	)	
	)	
Plaintiffs,	)	
	)	Cause No: 1:15-CV-220 TWP/MJD
-vs-	)	
	)	
DR. JEROME M. ADAMS, in his official	)	
capacity as Indiana State Health	)	
Commissioner, <i>et al.</i>	)	
	)	
Defendants.	)	

**DEFENDANT, VIGO COUNTY, RESPONSES TO PLAINTIFFS FIRST SET OF INTERROGATORIES**

Defendants, Dr. Darren Brucken, in his official capacity as Health Officer for the Vigo County Health Department; Joni Wise, Administrator, Vigo County Health Department; Terri Manning, in her official capacity as Supervisor of Vital Statistics, Vigo County Health Department; Jeffery DePasse, Dora Abel, Dr. Irving Haber, Brian Garcia, Michael Eldred, Dr. James Turner and Dr. Robert Burkle, all in their official capacities as members of the Vigo County Board of Health, (hereinafter “Vigo County” or “Defendants”) by counsel hereby respond to Plaintiff’s first set of interrogatories as follows:

PRELIMINARY OBJECTION:

Plaintiffs' request contains a number of "instructions." Defendants' object to the extent those instructions purport to impose obligations upon Defendants that exceed those imposed by the Federal Rules of Civil Procedure. Additionally, these interrogatories were directed to all of the Vigo County Defendants as a group. Trial Rule 33 contemplates that interrogatories will be served on a party and answered by the party to whom they are directed. Trial Rule 33 does not contemplate that interrogatories will be served on groups of defendants.

Defendant believes that Plaintiffs are generally seeking a response that fairly reflects information available to Vigo County. In an effort to respond to the spirit of the request without becoming entangled in complications arising out of an effort to develop a unified response from several different defendant, Terri Manning, the Director of Vital Records for the Vigo County Health Department, answered these interrogatories.

**Interrogatories**

**INTERROGATORY NO. 1:** Identify each person who provided information used in answering any of these interrogatories, and for each person identified, please indicate for which answers each person provided information.

**ANSWER:** Each of these interrogatories were answered by Terri Manning, the Director of Vital Records for the Vigo County Health Department, in consultation with counsel.

**INTERROGATORY NO. 2:** State any and all governmental interest(s) which defendant contends will be served/is served by denying a presumption of parenthood to Same-sex spouses of Birth Mothers.

**ANSWER:** Defendants object that the presumption in the Indiana Code, specifically the presumption under IC 31-14-7-1 is a presumption of biological fatherhood. Notwithstanding the foregoing, the primary governmental interest of the Vigo County Health Department is to comply with the requirements of the Indiana State Department of Health and the Indiana General Assembly with respect to the collection and processing of vital records. The Vigo County Defendants cannot speak for the State, however, a review of the statutes suggests a policy choice by the Indiana General Assembly to presume by default that parental rights and obligations

concerning a child are assumed by and imposed upon the biological parents of a child unless and until such presumption is rebutted or altered under the process set forth by the State.

**INTERROGATORY NO. 3:** State any and all governmental interest(s) which defendant contends will be served by declaring on a child's birth certificate that the husband of the Birth Mother is the father of the child when in actuality, the husband is not the biological parent of the child.

**ANSWER:** Vigo County's only goal in the processing of vital records is to comply with the requirements of the Indiana Department of Health and the Indiana General Assembly with respect to the collection and processing of vital records. Defendants question the premise of this interrogatory. Information for a child's birth certificate is obtained by the Vigo County Health Department from the information in the Certificate of Live Birth Worksheet uploaded by the hospital to the State database. Question #37 asks the mother, "are you married to the father of your child?" In the scenario described by this interrogatory, the accurate answer to that question would be "no." The Worksheet directs the mother to proceed to Question #38 which asks if a paternity affidavit has been completed. Presuming the answer to that question is also "no," the worksheet directs the mother to proceed to question #53. Without the questions 39 - 42 having been answered, there would be no information about the father available for the birth certificate.

**INTERROGATORY NO. 4.** State any and all governmental interest(s) served by having a husband of a Birth Mother being presumed the father in a situation whereby artificial insemination is by an anonymous sperm donor using private facility and medical doctors but not

when a Birth Mother is married to another woman whereby the artificial insemination is by an anonymous sperm donor using private facility and medical doctors.

**ANSWER:** Vigo County's only goal in the processing of vital records is to comply with the requirements of the Indiana Department of Health and the Indiana General Assembly with respect to the collection and processing of vital records.

**INTERROGATORY NO. 5:** If your response to any of the Plaintiffs' First Requests for Admission is anything other than an unqualified admission, please state the following:

- a. The number of the Request for Admission that is not unequivocally admitted;
- b. Each and every fact upon which you base your response;
- c. For each and every fact listed in subpart b, identify all documents, notes, reports, memoranda, tape recording, photographs, oral statements, and any other tangible or intangible things that support your response;
- d. The name, address, and telephone number for the custodian of all tangible or intangible things identified in your response to subpart c, and;
- e. The name, address, and telephone number of all persons, witnesses, including consultants, and/or experts, who have any knowledge or factual information upon which you based your response.

**ANSWER:** The only unqualified admission made by Defendants was as to Request number 5. The facts relied upon to respond to the admission as well as the lack of facts sufficient to permit an admission of certain hypotheticals is identified in the respective requests for admission. The responses are based on legal impediments to admission or to policy formation

by the Tippecanoe County Defendants and on inadequacies in the requests themselves and, as such, there is no information responsive to subsections c, d, or e of this request.

**INTERROGATORY NO. 6:** Explain the procedure of the County Health

Department by which birth certificates of newborn children are processed.

**ANSWER:** Generally speaking, most babies are born at a Hospital and the Hospital uploads the information into the Indiana State database. The information from the Hospital is shared with Vigo County and a notification letter to the mother is generated, in a form provided by the State, which indicates that information has been received by Vigo County and requests that the mother notify Vigo County if there is an error with respect to the child's name, the date of birth, and the mother's name, state of birth, and date of birth. This notice also informs the mother that a certified copy of the record of birth is available from the "Local Health Office." If a person wishes to obtain a birth certificate, the individual is required to complete an "Application for a Certified Birth Certificate." That application requires the individual to provide information required by the State. Upon successful completion, the Health Department will generate a birth certificate based on information available to Vigo County through the State database. If a baby is born outside of a Hospital setting, the State provides a form for "Home Births" which requires information confirming the mother's pregnancy and any other information deemed necessary by the State.

**INTERROGATORY NO. 7:** Identify any alterations or amendments made to the information for the birth certificates of the children named as Plaintiffs in this action from the information provided on the Certificate of Live Birth Worksheet submitted by the Birth Mothers of those children.

**ANSWER:** None. See response to interrogatory as to the process for creating a birth certificate. TCHD generates a birth certificate, when requested, from information supplied to the State database. That information comes from information on the Certificate of Live Birth Worksheet which is uploaded by the hospital.

**INTERROGATORY NO. 8:** For any and all alterations and amendments identified in Interrogatory No. 7, identify who made such alterations and amendments and the legal basis of the authority to make such alterations and amendments.

**ANSWER:** None.

**INTERROGATORY NO. 9:** State any and all governmental interest(s) served by declaring on a child's birth certificate that the husband of the Birth Mother is the father of the child when in actuality, the husband is not the biological parent of the child and the child was conceived by artificial insemination with an anonymous sperm donor using a private facility and medical doctors.

**ANSWER:** Vigo County's only interest is to comply with the requirements of the statutory scheme in Indiana governing the issuance of vital records and Vigo County cannot speak for the State.

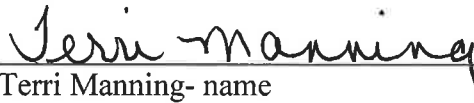


**INTERROGATORY NO. 10:** Describe how the County Health Department gathers the information to be included on the birth certificate and how it is determined what information will be included on the birth certificate.

**ANSWER:** Vigo County does not determine what information should be obtained for issuance of vital records; that determination is made by the State of Indiana. Vigo County officials are trained by the State of Indiana in the issuance of vital records and seek to comply with manner in which the State wants information regarding a birth to be verified.


**Verification**

I affirm under the penalties of perjury that the foregoing responses to the Interrogatories are true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
Terri Manning- name  
Director of Vital Records, Vigo County - title

As to objections;

I affirm under the penalties of perjury that the foregoing objections to the Interrogatories are true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
Michael J. Wright

Respectfully submitted,

/s/ Michael J. Wright

Michael J. Wright  
WRIGHT, SHAGLEY & LOWERY, P.C.  
500 Ohio Street  
P.O. Box 9849  
Terre Haute, IN 47808-3517  
(812) 232-3388 – phone  
(812) 232-8817 – fax  
mwright@wslfirm.com

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Plaintiffs' First Set of Interrogatories to Vigo County Defendants was duly served upon the counsel listed below by electronic mail on November 16, 2015:

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Solicitor General  
Tom.Fisher@atg.in.gov

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Richard A. Mann  
Richard A. Mann, PC  
RMann@mannlaw.us

/s/Michael J. Wright  
Michael J. Wright  
Attorney for Vigo County

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(812) 232-8817 – fax  
mwright@wslfirm.com

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ASHLEE and RUBY HENDERSON, <i>et al.</i>	)	
	)	
Plaintiffs,	)	
	)	Cause No: 1:15-CV-220 TWP/MJD
-vs-	)	
	)	
DR. JEROME M. ADAMS, in his official	)	
capacity as Indiana State Health	)	
Commissioner, <i>et al.</i>	)	
	)	
Defendants.	)	

**DEFENDANTS' ANSWERS TO INTERROGATORIES**

Come now Defendants' of Bartholomew County and for their answers to Interrogatories states as follows:

**I. General Objections**

Each answer is subject to the general objections set forth below, all of which are expressly preserved and not waived. Plaintiffs' answers are framed on the basis of these objections:

A. Defendants' object to each request for production of documents and interrogatory to the extent that it seeks information not relevant to the subject matter of this action, information not reasonably calculated to lead to the discovery of admissible evidence, privileged information, or materials prepared in anticipation of litigation.

C. Defendants' object to each request for production and interrogatory to the extent that it seeks business or technical information which is confidential and proprietary to Defendants.

D. Defendants' base their responses on the assumption that Plaintiffs' do not intend to seek information protected against discovery by the attorney/client privilege, the work product rule,

or other applicable privileges or limitations. To the extent that plaintiffs' request for production of documents and interrogatories call for such information, defendant objects to them and claims the privileges and protections specified above to the fullest extent provided by law.

### **INTERROGATORIES**

**INTERROGATORY NO. 1:** Identify each person who provided information used in answering any of these interrogatories, and for each person identified, please indicate for which answers each person provided information.

**ANSWER:**

Collis Mayfield, in consultation with counsel.

**INTERROGATORY NO. 2:** State any and all governmental interest(s) which defendant contends will be served/is served by denying a presumption of parenthood to Same-sex spouses of Birth Mothers.

**ANSWER:**

Bartholomew County is not in a position to respond on behalf of the State of Indiana, or any other entities named as defendants. The interests of Bartholomew County are in complying with Indiana Law and State Health Department directives relating to Birth Records.

**INTERROGATORY NO. 3:** State any and all governmental interest(s) which defendant contends will be served by declaring on a child's birth certificate that the husband of the Birth Mother is the father of the child when in actuality, the husband is not the biological parent of the child.

**ANSWER:**

Bartholomew cannot respond on behalf of the State of Indiana. Bartholomew County's interest is in complying with State law and the directives of the State Health Department pertaining to Birth Records. Bartholomew County relies on information provided by the birth mother in listing whether her husband is the biological father of her child.

**INTERROGATORY NO. 4.** State any and all governmental interest(s) served by having a husband of a Birth Mother being presumed the father in a situation whereby artificial insemination is by an anonymous sperm donor using private facility and medical doctors but not when a Birth Mother is married to another woman whereby the artificial insemination is by an anonymous sperm donor using private facility and medical doctors.

**ANSWER:**

Bartholomew County cannot respond on behalf of the State of Indiana. Bartholomew County is interested in complying with Indiana law and the directives of the Indiana State Health Department pertaining to the completion of Birth Records.

**INTERROGATORY NO. 5:** If your response to any of the Plaintiffs' First

Requests for Admission is anything other than an unqualified admission, please state the following:

- a. The number of the Request for Admission that is not unequivocally admitted;
- b. Each and every fact upon which you base your response;
- c. For each and every fact listed in subpart b, identify all documents, notes, reports, memoranda, tape recording, photographs, oral statements, and any other tangible or intangible things that support your response;
- d. The name, address, and telephone number for the custodian of all tangible or intangible things identified in your response to subpart c, and;
- e. The name, address, and telephone number of all persons, witnesses, including consultants, and/or experts, who have any knowledge or factual information upon which you based your response.

**ANSWER:**

- a.) Bartholomew County did not make any unqualified admissions.
- b.) Any facts relied on in responding are specifically listed in the responses.
- c.) Any facts relied on are specifically listed in the response as are any documents, notes, etc. relied on in responding.
- d.) Collis Mayfield, Bartholomew County Health Department, 440 Third Street, Columbus, Indiana 47201.
- e.) See answer to d. above

**INTERROGATORY NO. 6:** Explain the procedure of the County Health

Department by which birth certificates of newborn children are processed.

**ANSWER:**

Information regarding the birth is received electronically from the hospital through ISDH/Genesis Software. Birth Certificates are then printed and transferred into Bartholomew County Health Department software to be issued. Printed long-form certificates are then put into a book and stored.

**INTERROGATORY NO. 7:** Identify any alterations or amendments made to the information for the birth certificates of the children named as Plaintiffs in this action from the information provided on the Certificate of Live Birth Worksheet submitted by the Birth Mothers of those children.

**ANSWER:**

No alterations or amendments were made.

**INTERROGATORY NO. 8:** For any and all alterations and amendments identified in Interrogatory No. 7, identify who made such alterations and amendments and the legal basis of the authority to make such alterations and amendments.

**ANSWER:**

Not Applicable

**INTERROGATORY NO. 9:** State any and all governmental interest(s) served by declaring on a child's birth certificate that the husband of the Birth Mother is the father of the child when in actuality, the husband is not the biological parent of the child and the child was conceived by artificial insemination with an anonymous sperm donor using a private facility and medical doctors.

**ANSWER:**

Bartholomew County is interested in following Indiana law and the directives of the Indiana State Health Department as it pertains to Birth Records. If a mother provides information that she is not married to the father of the child and no paternity affidavit is filed, the husband will not be listed as the father on the birth certificate.



**INTERROGATORY NO. 10:** Describe how the County Health Department gathers the information to be included on the birth certificate and how it is determined what information will be included on the birth certificate.

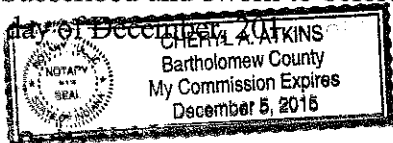
**ANSWER:**

The Bartholomew County Health Department does not gather information to be included on the birth certificate, nor does it determine what information will be included on the Birth Certificate, that determination is made by the Indiana State Department of Health and Indiana law.

I, Collis Mayfield, Director Bartholomew County Health Department being duly sworn upon oath, state that I have read the above and foregoing Answers to Interrogatories and that the facts stated therein are true as I verily believe.

Collis E. Mayfield  
Collis Mayfield, Director of Bartholomew  
County Health Department

2nd day of December, 2015 Subscribed and sworn to before me, a Notary Public, in and for said County and State, this



Cheryl A. Atkins  
Notary Public

My Commission Expires: 12-05-15  
County of Residence: Bartholomew

Respectfully submitted,

**JONES PATTERSON & TUCKER**

By: [Signature]  
Attorney for Defendants

This is to certify that a copy of the above and foregoing Answers to Interrogatories have been served upon the following by electronic mail on December 2, 2015.

Thomas M Fisher  
Solicitor General  
[Tom.Fisher@atg.in.gov](mailto:Tom.Fisher@atg.in.gov)

Anne Kramer Ricchiuto  
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Lara Langeneckert  
Deputy Attorney General  
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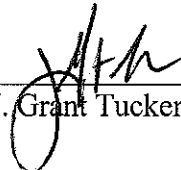
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[RMann@MannLaw.us](mailto:RMann@MannLaw.us)



---

J. Grant Tucker, #1835-03

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IN THE UNITED STATES DISTRICT COURT  
IN AND FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

ANGIE ROE and KAMI ROE,  
Plaintiffs,

vs.

W. DAVID PATTON, in his official  
capacity as the Executive Director of the  
Utah Department of Health, and  
RICHARD OBORN, in his official capacity  
as the Director of Utah's Office of Vital  
Records and Statistics,  
Defendants.

~~UNRECORDED PROPOSED~~ ORDER  
GRANTING INJUNCTION

Case No. 2:15-cv-00253-DB

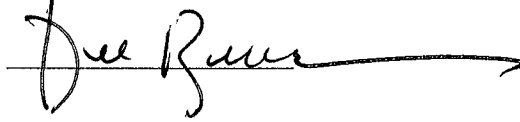
Based on the Stipulation and Joint Motion submitted by the parties to convert the preliminary injunction entered July 22, 2015, to a permanent injunction, and good cause appearing thereon,

**IT IS HEREBY ORDERED:**

1. On July 22, 2015, this Court issued a Preliminary Injunction against the Defendants which enjoined Defendants from enforcing Utah Code Ann §§ 78B-15-201(2)(e), 78B-15-703 and § 78B-15-704 in a way that differentiates between male spouses of women who give birth through assisted reproduction with donor sperm and similarly situated female spouses of women who give birth through assisted reproduction with donor sperm. The Court further ordered that if Defendants continue to enforce Utah Code Ann §§ 78B-15-201(2)(e), 78B-15-703 and § 78B-15-704, with respect to male spouses of women who give birth through assisted reproduction with donor sperm, they must also apply the statute equally to female spouses of women who give birth through assisted reproduction with donor sperm.
2. It is now the Order and Judgment of this Court that the preliminary injunction entered on July 22, 2015 is a permanent injunction.
3. Defendants are hereby ordered to pay Plaintiffs' counsel the sum of twenty-four thousand three hundred and two dollars (\$24,302) in full settlement of Plaintiffs' attorney fees and costs associated with this action.
4. The granting of the Permanent Injunction and the payment of attorneys' fees and costs is hereby ordered, and resolves all claims raised in this case.

DATED this 20<sup>th</sup> day of October, 2015.

**BY THE COURT:**

A handwritten signature in black ink, appearing to read "Dee Rauer", written over a horizontal line. The signature is cursive and ends with a long horizontal stroke that tapers to a point on the right.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ASHLEE and RUBY HENDERSON, <i>et al.</i>	)	
	)	
Plaintiffs,	)	
	)	Cause No: 1:15-CV-220 TWP/MJD
-vs-	)	
	)	
DR. JEROME M. ADAMS, in his official	)	
capacity as Indiana State Health	)	
Commissioner, <i>et al.</i>	)	
	)	
Defendants.	)	

**STATE DEFENDANT’S RESPONSES AND OBJECTIONS TO  
PLAINTIFFS’ FIRST SET OF INTERROGATORIES**

Pursuant to Rules 26, 33 and 34 of the Federal Rules of Civil Procedure, Dr. Jerome M. Adams (“State Defendant”), by and through undersigned counsel, hereby responds and objects to Plaintiffs’ First Set of Interrogatories (“the Interrogatories”) as follows:

**Preliminary Statement**

1. State Defendant’s investigation and development of all facts and circumstances relating to this action is ongoing. State Defendant’s Responses and Objections to Plaintiffs’ First Set of Interrogatories (the “Responses and Objections”) are based on the information available as of the date indicated on the last page, and State Defendant reserves the right to supplement, amend, and/or withdraw these responses should future investigation indicate that such supplementation, amendment, and/or withdrawal is necessary. State Defendant reserves the right to make any use of, or introduce at any hearing and/or trial, documents or information that are responsive to the Interrogatories, but are discovered subsequent to State Defendant’s service of these Responses and Objections, including, but not limited to, any documents or information obtained in discovery in this case from other parties or non-parties.

2. To the extent Plaintiffs' Interrogatories are intended to reach beyond State Defendant, they are overbroad, not reasonably calculated to lead to the discovery of admissible evidence, oppressive, and unreasonably burdensome. State Defendant will make a good faith effort to respond to these Interrogatories by collecting information within the possession, custody, or control of relevant components of State Defendant.

3. By making the accompanying responses and objections to the Interrogatories, State Defendant does not waive, and hereby expressly reserves, the right to assert any and all objections as to the admissibility of such responses into evidence in this action, or in any other proceedings, on any and all grounds including, but not limited to, competency, relevancy, materiality, privilege, and scope. Further, State Defendant makes the responses and objections herein without in any way implying that he considers the Interrogatories, and responses to the Interrogatories, to be relevant or material to the subject matter of this action. State Defendant expressly reserves the right to: (i) object on any ground to the use of any information or documents provided in response to the Interrogatories at any time and in any proceeding in this case or any other cases; and (ii) assert further objections to the discoverability, relevance and/or admissibility of any such information or documents on any and all grounds.

4. Certain Interrogatories seek information that is in the possession, custody, or control of Plaintiffs and third parties. State Defendant reserves the right to rely upon information that is in the possession, custody, or control of any and all such other parties.

5. Certain Interrogatories seek information that can be derived from documents that are not solely in the possession, custody, or control of State Defendant. This includes documents in the possession, custody, or control of Plaintiffs and third parties. As such, State Defendant reserves the right to rely upon information in responding to these Interrogatories -- and otherwise

for use in this action -- that is currently in the possession, custody or control of Plaintiffs and third parties.

6. State Defendant expressly reserves the right to supplement, clarify, revise, or correct any or all of the responses and objections herein, and to assert additional objections or privileges, in one or more subsequent supplemental response(s).

7. State Defendant is available at a mutually convenient time to meet and confer with Plaintiffs' counsel with regard to State Defendant's Responses and Objections.

### **General Objections**

8. State Defendant objects to the Interrogatories to the extent that they seek information that is not relevant to a claim or defense of any party and is not reasonably calculated to lead to the discovery of admissible evidence.

9. State Defendant objects to the Interrogatories to the extent that they purport to impose upon State Defendant obligations greater than or different than those authorized under the Federal Rules of Civil Procedure and the applicable Rules and orders of the Court. State Defendant expressly disclaims any such obligations and objects to any attempt by Plaintiffs to impose such obligations upon State Defendant.

10. State Defendant objects to each instruction, definition and Interrogatory to the extent that it calls for documents, information or communications protected by Federal Rule 26, the attorney-client privilege, the attorney work product doctrine, the deliberative process privilege, or any other applicable privileges that may apply or may be recognized by law ("Privileged Information"). Additionally, State Defendant objects to any Interrogatory that seeks confidential information protected from disclosure by law, including but not limited to Ind. Courts Admin. R. 9(G)(b)(vi) and Ind. Code § 31-39-1-2.



11. Inadvertent production of any documents, information, or communications in response to the Interrogatories shall not constitute a waiver of any privilege or any other ground for objection held by State Defendant. State Defendant reserves the right to demand that Plaintiffs return any documents (along with all copies thereof) that were inadvertently produced by State Defendant in response to the Interrogatories.

12. State Defendant objects to the Interrogatories to the extent that they seek a log of documents that (a) include a lawyer of record in this case as an author or direct recipient (not a cc or bcc); (b) qualify as attorney-client or work product privileged; and (c) were written in connection with the prosecution or defense of this case. Logging such documents is unreasonable and unduly burdensome in light of the attorney-client privilege, the attorney work product doctrine, the deliberative process privilege, and other privileges protecting such internal documents from discovery, and because such communications are not relevant to this action.

13. State Defendant objects to the Interrogatories to the extent that they seek the production of documents, information, or communications not within State Defendant's possession, custody, or control.

14. State Defendant objects to each instruction, definition, and Interrogatory, as overbroad and unduly burdensome to the extent it seeks documents or information that are readily or more accessible to Plaintiffs from Plaintiffs' own files, from documents or information in Plaintiffs' possession, from documents or information that Plaintiffs previously produced to State Defendant, or from a third party. Responding to such Interrogatories would be oppressive, unduly burdensome, and unnecessarily expensive, and the burden of responding to such Interrogatories is substantially the same or less for Plaintiffs as for State Defendant.

15. State Defendant object to the Interrogatories to the extent that they seek information that is unreasonably cumulative or duplicative, or is publicly available or obtainable from other sources that are more convenient, less burdensome, or less expensive.

16. State Defendant object to the Interrogatories to the extent they call for the production of documents and information that were produced to State Defendant by other entities and that may contain confidential, privileged information.

17. State Defendant objects to the Interrogatories to the extent that the burden of responding to the Interrogatories outweighs any benefits or imposes undue burdens or expenses on State Defendant that are not authorized by the Federal Rules of Civil Procedure.

18. State Defendant objects to the Interrogatories to the extent that they are overly broad, vague, unduly burdensome, ambiguous, incomprehensible, do not identify with sufficient particularity the information sought, are not reasonably calculated to lead to the discovery of admissible evidence, and exceed the scope of inquiry permitted by the applicable Federal Rules. Without limiting the generality of the foregoing, State Defendant objects to the Interrogatories to the extent that they call for the identification of “all” or “each” subject sought on the grounds that any such Interrogatory is overbroad, vague, and/or incapable of an intelligible response.

19. State Defendant objects to the Interrogatories to the extent that they mischaracterize the actions, conduct, and/or obligations of State Defendant, real parties, third parties, and/or Plaintiffs.

20. State Defendant objects to the Interrogatories to the extent that they seek documents, information, or communications that State Defendant is not permitted to disclose pursuant to confidentiality laws, agreements or other legal obligations to other individuals or entities.

21. State Defendant objects to the Interrogatories to the extent they seek the production of information, documents and communications that are protected from discovery as settlement-related information, documents and communications under any applicable statute, rule, regulation or the common law.

22. State Defendant objects to the Interrogatories to the extent that they seek documents or information that includes expert opinion, belief, testimony, knowledge and/or material. State Defendant objects to any such Interrogatory as premature and expressly reserves the right to supplement, clarify, revise, or correct any or all responses to such requests, and to assert additional objections or privileges, in one or more subsequent supplemental response(s) in accordance with the time period for exchanging expert reports set by the Court.

23. State Defendant expressly reserves the right to supplement, clarify, revise, or correct any or all of the responses and objections herein, and to assert additional objections or privileges, in one or more subsequent supplemental response(s).

24. State Defendant incorporates by reference every general objection set forth above into each specific response set forth below. A specific response may repeat a general objection for emphasis or some other reason. The failure to include any general objection in any specific response does not waive any general objection to that Interrogatory. Moreover, State Defendant does not and will not waive any of their general or specific objections in the event he may furnish materials or information coming within the scope of any such objections.

#### **Objections to Definitions**

25. State Defendant objects to Plaintiffs' definitions of terms as overbroad and unduly burdensome to the extent they attempt to extend the scope of the Interrogatories to information or documents in the possession, custody, or control of individuals, agencies, or entities other than

State Defendant. State Defendant will make a good faith effort to respond to these Interrogatories by collecting information within the possession, custody, or control of relevant components of the State Defendant. State Defendant further objects to these definitions to the extent they seek to impose a burden beyond that required by Rule 26 of the Federal Rules of Civil Procedure.

26. State Defendant objects to the Instructions and Definitions to the extent they involve definitions and instructions beyond those ordinarily given to words.

27. State Defendant objects to any Interrogatory that includes terms that have not been, but given the nature of this dispute need to be, defined.

28. State Defendant objects to each of the definitions provided in the Interrogatories insofar as they require State Defendant to take action or to provide documents, information, or communications that exceed the scope of what is called for by the Federal Rules of Civil Procedure.

### **Interrogatories**

**INTERROGATORY NO. 1:** Identify each person who provided information used in answering any of these interrogatories, and for each person identified, please indicate for which answers each person provided information.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 1 on the grounds that it seeks information that is not relevant to a claim or defense of any party and is not reasonably calculated to lead to the discovery of admissible evidence. State Defendant also objects to Interrogatory No. 1 on the grounds that it seeks information that is protected by Rule 26(b) of the Federal Rules of Civil Procedure, the deliberative process privilege, the attorney-

client privilege, the attorney work product doctrine, and any other applicable privileges that may apply or may be recognized by law.

Subject to these and his general objections, State Defendant responds as follows: Hilari Sautbine, Indiana State Health Department Office of Legal Affairs.

**INTERROGATORY NO. 2:** State any and all governmental interest(s) which defendant contends will be served/is served by denying a presumption of parenthood to Same-sex spouses of Birth Mothers.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 2 on the ground that it seeks information that is not relevant to a claim or defense of any party and is not reasonably calculated to lead to the discovery of admissible evidence. The complaint challenges Indiana Code section 31-14-7-1, which creates a rebuttable presumption of biological fatherhood.

State Defendant further objects to Interrogatory No. 2 on the grounds that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome, and that it calls for speculation and legal conclusions.

**INTERROGATORY NO. 3:** State any and all governmental interest(s) which defendant contends will be served/is served by placing the name of a Birth Mother's husband on the birth certificate of a child in the event that all parties know that husband is not the biological parent of the child.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 3 on the ground that it seeks information that is not relevant to a claim or defense of any party and is not reasonably calculated to lead to the discovery of admissible evidence.

State Defendant further objects to Interrogatory No. 3 on the ground that it rests on a false premise. Birth records are created using information provided by birth mothers on the Certificate of Live Birth Worksheet. If a birth mother's husband is not the biological father of her child, he would not be listed as such on the child's birth certificate unless the birth mother provided inaccurate information on the Worksheet.

State Defendant further objects to Interrogatory No. 3 on the grounds that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome, and that it calls for speculation and legal conclusions.

**INTERROGATORY NO. 4.** State any and all governmental interest(s) served by having a husband of a Birth Mother being presumed the father in a situation whereby artificial insemination is by an anonymous sperm donor using private facility and medical doctors but not when a Birth Mother is married to another woman whereby the artificial insemination is by an anonymous sperm donor using private facility and medical doctors.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 4 on the grounds that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome, and that it calls for speculation and legal conclusions. State Defendant also objects to Interrogatory No. 4 on the grounds that it seeks information that is not relevant to a claim or defense of any party and is not reasonably calculated to lead to the discovery of admissible evidence.

**INTERROGATORY NO. 5:** If your response to any of the Plaintiffs' First Requests for Admission to Defendant Dr. Jerome M. Adams is anything other than an unqualified admission, please state the following:

- a. The number of the Request for Admission that is not unequivocally admitted;
- b. Each and every fact upon which you base your response;

- c. For each and every fact listed in subpart b, identify all documents, notes, reports, memoranda, tape recording, photographs, oral statements, and any other tangible or intangible things that support your response;
- d. The name, address, and telephone number for the custodian of all tangible or intangible things identified in your response to subpart c, and;
- e. The name, address, and telephone number of all persons, witnesses, including consultants, and/or experts, who have any knowledge or factual information upon which you based your response.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 5 on the ground that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome. Subject to this and his general objections, State Defendant responds as follows:

- a. See RFA responses.
- b. See RFA responses.
- c. See Response to RFP No. 6.
- d. See Response to RFP No. 6.
- e. See Response to RFP No. 6.

**INTERROGATORY NO. 6:** Identify any alterations or amendments made to the information for the birth certificates of the children named as Plaintiffs in this action from the information provided on the Certificate of Live Birth Worksheet submitted by the Birth Mothers of those children.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 6 on the ground that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome. Subject to this and his general objections, State Defendant responds as follows: see responses to RFP Nos. 2 and 3.

**INTERROGATORY NO. 7:** For any and all alterations and amendments identified in Interrogatory No. 6, identify who made such alterations and amendments and the legal basis of the authority to make such alterations and amendments.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 7 on the ground that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome. Subject to this and his general objections, State Defendant responds as follows: see responses to RFP Nos. 2 and 3 and Indiana Code articles 16-19, 16-37, 31-19, and 34-28.

**INTERROGATORY NO. 8:** State any and all governmental interest(s) served by declaring on a child's birth certificate that the husband of the Birth Mother is the father of the child when in actuality, the husband is not the biological parent of the child and the child was conceived by artificial insemination with an anonymous sperm donor using a private facility and medical doctors.

**ANSWER:** State Defendant specifically objects to Interrogatory No. 8 on the ground that it seeks information that is not relevant to a claim or defense of any party and is not reasonably calculated to lead to the discovery of admissible evidence.

State Defendant further objects to Interrogatory No. 8 on the ground that it rests on a false premise. Birth records are created using information provided by birth mothers on the Certificate of Live Birth Worksheet. If a birth mother's husband is not the biological father of her child, he would not be listed as such on the child's birth certificate unless the birth mother provided inaccurate information on the Worksheet.

State Defendant further objects to Interrogatory No. 8 on the grounds that it is vague, ambiguous, oppressive, overly broad, and unduly burdensome, and that it calls for speculation and legal conclusions.



Respectfully submitted,

GREGORY F. ZOELLER  
Attorney General of Indiana

By: *s/Thomas M. Fisher*  
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*Counsel for State Defendant  
Dr. Jerome Adams, in his official capacity as ISDH  
Commissioner*

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing “State Defendant’s Responses and Objections to Plaintiffs’ First Set of Interrogatories” was duly served upon the counsel listed below by electronic mail on November 12th, 2015:

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