

No. 21-10486

**IN THE UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT**

◆
DARCY CORBITT, et al.,
Plaintiffs-Appellees,

v.

HON. HAL TAYLOR, in his official capacity as Secretary of the
Alabama Law Enforcement Agency, *et al.*,
Defendants-Appellants.

◆
On Appeal from the United States District Court
for the Middle District of Alabama
Case No. 2:18-cv-00091-MHT-SMD

APPENDIX VOLUME III

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June 2, 2021

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THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA

Center for Health Statistics

STATE OF ALABAMA CERTIFICATE OF LIVE BIRTH

84 [REDACTED]

TYPE OR PRINT IN PERMANENT INK. DO NOT USE PENCIL OR BLENDING.		BIRTH NO. 101-	
1. NAME - First Middle Last CLARK		2. DATE OF BIRTH (Month, Day, Year) 1984	3. TIME OF BIRTH 4:12 a.
4. SEX Male	5a. THIS BIRTH - Single, Twin, Triplet, etc. (Specify) Single	5b. IF NOT SINGLE BIRTH - Was child born first, second, etc. (Specify)	6a. COUNTY OF BIRTH St. Clair
6b. CITY OR TOWN OF BIRTH Pell City		6c. INSIDE CITY LIMITS YES () NO (X)	7. HOSPITAL - NAME (If not a hospital, give street and number) St. Clair County Hospital 10
8. MOTHER - MAIDEN NAME - First Middle Last		9. MOTHER - STATE OF BIRTH (If not in U.S.A., give country) Alabama	10. AGE 22 YEARS
11a. USUAL RESIDENCE - State Alabama		11b. CITY OR TOWN Odenville	
12. STREET ADDRESS OF HOME (If in usual residence)		11c. INSIDE CITY LIMITS YES () NO (X)	
13. FATHER - FULL NAME - First Middle Last		14. FATHER - STATE OF BIRTH (If not in U.S.A., give country) Alabama	15. AGE 19 YEARS
17a. SIGNATURE OF FATHER (Parent's certifies that the personal information provided is correct)		16. DATE BORN 1984	
17b. SIGNATURE OF ATTENDANT James M. Tuck, Jr.		18. ATTENDANT AT BIRTH M.D. or M.A. () D.M. () James M. Tuck, Jr., M.D.	
17c. TYPE AND ADDRESS P. O. Box 688, Pell City, AL 35125		18a. DATE BORN 1984	
19. DATE RECEIVED BY LOCAL AGENCY (Month, Day, Year) 5/25/84		20. REGISTERED BY (Name) Norothy Kuykendall	

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 1999-214-470-1

April 29, 1999

Dorothy S. Harshbarger
 Dorothy S. Harshbarger, State Registrar

DEFENDANT'S
 EXHIBIT
 Clark 1
 11/8/18



DEFENDANT'S
EXHIBIT
Clark 2
11/8/18

IN THE PROBATE COURT FOR ST. CLAIR COUNTY ALABAMA
NORTHERN JUDICIAL DIVISION AT ASHVILLE

IN THE MATTER OF:

THE NAME CHANGE OF [REDACTED] an adult

DATE OF BIRTH: APRIL 26, 1984

CASE NO. N-2015-143

ORDER

A Declaration having been filed in writing under the provisions of Title 12 Section 12-13-1, *Code of Alabama*, praying for a name change as set out above, and it appearing to the Court that the facts set out are true and correct, therefore, it is CONSIDERED and ADJUDGED that

[REDACTED]
Henceforth shall be known by the name of:

DESTINY LYNN CLARK

And that the Declaration and Order be filed and recorded in this Court in the manner and form prescribed by law.

Done and Entered this the 17th day of April 2015.

Mike Bowling

Judge of Probate

DEFENDANT'S
EXHIBIT
Clark 3
11/8/18

Patient: Clark, Destiny

DOB: 04/26/1984



ROBERT P. BOLLING, MD
BOARD CERTIFIED PLASTIC & RECONSTRUCTIVE SURGERY
1035 TEMPLE AVENUE NORTH
FAYETTE, ALABAMA 35555

205-748-0158 (P) 205-409-2182 (F)
www.thealabamaplasticsurgeon.com

Date: 01/18/2017

To Whom It May Concern.

Destiny Clark having been living as a transgender female has previously been to my practice for evaluation prior to gender transformation surgery. I performed a surgical procedure related to gender transformation on March 2, 2016.

Sincerely,

ROBERT BOLLING, MD

**DEFENDANT'S
EXHIBIT**

Clark 4
11/8/18

Page:1



January 15, 2016

To Whom It May Concern;

I am a physician who is licensed to practice medicine in the State of Alabama, license number 22747. Destiny Clark, date of birth [REDACTED] 1984, has been a patient under my care since May 9, 2014.

I have knowledge of Ms. Clark's medical condition and have performed a thorough physical examination of her.

Based on my thorough physical examination of Ms. Clark, I confirm that she has met the requirements of the Alabama Department of Public Safety's policy for changing the gender designation on her driver's license from male to female.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott R. Weisberg".

Scott R. Weisberg, M.D.

2500 4th AVENUE SOUTH

| BIRMINGHAM, AL 35233

| 205.877.8677



Pride Leadership



Destiny Clark - President

Destiny is an eighth-year Board member of Central Alabama Pride and was named to the full Pride board in 2014. She served as Secretary in 2015 and the position of Vice President in 2016. She was named President during late 2016, and is now serving her third term as President. She is the first transgender female ever nominated to the Pride Board and to serve as President. This is Destiny's tenth year to be a part of CAP.

Prior to being nominated to the full Board, Destiny was already an instrumental CAP volunteer for over 6 years helping in all areas of Pride. She was also proud to be Ms Central Alabama Pride 2016, The first ever trans woman to compete in that division and win. Destiny also was crowned Miss Alabama US Proud 2014. She also was crowned Miss Quest 2016/17. Destiny is especially proud of her first year as President. After coming in as President mid-year and with only 6 months to plan, she served as the Event Chair and helped oversee one of the largest Pride turnouts for Central Alabama Pride. She is excited to see what this next year holds.

When not working with CAP Destiny works as the Project Recruiter for the T-HEAL program at BAO.

Destiny and her fiancé Randal have been together for 5 years and share a home with their babies Roxie, Dolche, & Oakley. In her spare time, she enjoys spending time with family, gardening, hiking, swimming and just relaxing at home.

Destiny is also proud to be serving at Queen IV for the Magic City Sister of Perpetual Indulgence. She was crowned as Queen during the Red Dress Ball in August of 2017.

Destiny would like to share her favorite quote. "Unless someone like you cares a whole awful lot, Nothing is going to get better. IT'S NOT" Dr. Seuss.

dclark@centralalabamapride.org



Misti Conner-Hearn - Vice President

This is Misti's second year on the Board of Central Alabama Pride. She previously served on the Auxiliary Board. She is the newly elected Vice-President. She is married to Victoria Conner-Hearn. Misti is originally from Rainsville and moved to Birmingham in 2012 to be with her wife.

Misti is an Automotive Technician and is the Lead Technician in her shop. She has a special fondness for motorcycles and classic cars. She is the Founder and President of the Birmingham Chapter of Dykes on Bikes. She enjoys spending time with her friends and family, and her rescue pups.

She is excited to be a part of Pride and being a part of the community!

mconner@centralalabamapride.org



Victoria Conner-Hearn - Treasurer

Victoria is excited to be serving her third year on the CAP Board of Directors. She owns her own business and is also a graduate student at UAB.

She and her wife, Misti, have been married since December 2014. They have two grown children, 6 very spoiled rescue pups and one cat-all rescues. In her free time, she enjoys gardening, crafting, and photography.

She has been a Volunteer Education Ambassador for the National Center on LGBT Aging since 2014. She has also been involved with the Community Advisory Board for the 1917 Clinic.

She is a founding member, Secretary, and on the Board of Directors of Dykes on Bikes Birmingham.

vconner@centralalabamapride.org

DEFENDANT'S EXHIBIT
Clark 6
11/8/18



Josette Hyche - Secretary

Josette has been on the Board of Directors of Central Alabama Pride since January 2018 and is the newly elected Secretary. "I have a heart of gold and will help anyone". Josette strives to create a safe environment for all to love equally.

For the past year and a half, Josette has had the pleasure of managing the Magic City Kingz and Dollz and taking them to a new level of excellence.

She is a huge drag fan and supports everyone at the bars and benefits and events.

She hopes to find her forever partner soon so that they can be a perfect power couple.

jhyche@centralalabamapride.org



Tabitha Vance - Board of Directors & VP of Security

Tabitha has been involved with the Central Alabama Board for ten years, and has previously served on the Auxiliary Board. She also leads our security team along with Birmingham P.D.

She is very active in the LGBT community. She is a former softball player with the New South Softball League. Tabitha is also known by her stage persona Deuce Cox. She is 2013's Mister Central Alabama Pride, and she is the proud recipient of the 2014 Simpkins/Talley Spirit of Pride Award.

Tabitha works as an Armed Security officer at a local Birmingham hospital. She enjoys spending her time off with family and friends. Tabitha is proud to be a long-time volunteer in the LGBT community, and a current board member of CAP. "I do it with great pride, and I put so much love into it because our community is simply amazing."

tvance@centralalabamapride.org



Sarah Brown - Board of Directors

Originally from Nebraska, Sarah grew up bowling all over the United States and entering different art contests where she was awarded Congressional Awards. Her passion is to help others in the community, feeding the homeless, and inspiring others to achieve their dreams and goals one day at a time.

She looks forward to working with the LGBTQ community and helping to make this year a wonderful year, together!

sbrown@centralalabamapride.org



Rum/Rummorah Campbell - Board of Directors

Rum is new to the Board of Directors and is excited about the coming year of serving the COMMUNITY.

He was born and raised in Birmingham AL Nov. 24th 1984 (Thanksgiving baby) He has 2 siblings raised by a single mother who also supports LGBTQ+ COMMUNITY. One of the main experiences Rum had as a child was dancing and he still does it to this day. He used to perform in different talent shows and parties at a young age due to his supportive mother.

His mother played a major influence on his growth: Teaching him to be strong no matter what life throws at you. He has also been through abuse along with his mother and that's why their bond is so strong. Never the less, he and his mother pulled through that time and it made him even stronger.

The most important decision he has ever made was to tell his mother he was gay at age 16. He wanted to do this because he did not like hiding himself and keeping secrets from his mother. She accepted him for who he is no matter what.

Rum is the former Mr. Gay Pride 2010, former Mr. Caritas, and also former Mr. Gay Cullman. He has been performing since 2006 -- currently. He has done many benefit shows and contributions to the gay community here in the Iron City. Rum/Rummorah is currently on cast at the Quest Club of Bham and is also one of the founders on a Upcoming organization COLLIDE which is a very hands on group that goes out to raise awareness in our community and the bridge gaps. COLLIDE collides with different organizations and clubs to amplify the morale of our lively community.

Rum is here to help bring the community together by spreading his experience in life with others and also his successes. He believes bringing fun and hospitality back to the community will be a challenge but can be done. Rum, by being a BLACK gay male role model, here in the Iron City strives to greatly bridge the gaps with our racial problems in our community and fix that.

All in all Rum/ Rummorah Campbell is a jack of all trades and has the ambition and determination to get things done in a professional yet fun matter :)

rcampbell@centralalabamapride.org

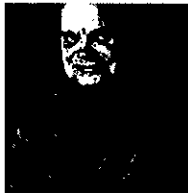


Josh Coleman has been a National Board member with the Alabama Young Democrats and is an Advisor of the Alabama Young Democrats' LGBT caucus.

Josh also serves on the board of directors for Central Alabama Pride and the Greater Birmingham Democrats. Since 2008 Josh has served on the board of several non-profits, worked on a variety of political campaigns, and as Alabama's volunteer coordinator for Hillary Clinton's 2016 presidential campaign.

Josh is known for his commitment to social issues and LGBTQ equality in addition to being an ordained minister and certified life coach.

jcoleman@centralalabamapride.org



Ron Collins - Board of Directors

Ron has been involved with Central Alabama Pride since moving to Birmingham in 2012. Volunteering then serving on the Auxiliary Board and starting in 2016, the Board of Directors. "We need to make sure that all members of our community feel that they are a vital part of Central Alabama Pride. Sometimes we do a good job of being inclusive but there is always room for improvement, it's a work in progress." Being part of such a diverse community and the community outside of the "gayberhood", provides him ample opportunities to work on his passions of; social justice, inclusiveness, living your truth, and taking pride in yourself.

rcollins@centralalabamapride.org



JB Cowan - Board of Directors

John is a third year member on the Board of Directors. He joined the Central Alabama Pride board to bring additional ideas as a business owner and technology support.

He is the owner of an I.T. business and works to bring new technology to the organization. John assists with also maintaining the website and helps with social media outreach. With social media becoming more relevant every day having presence on all social media platforms is crucial for the organization.

John is from Birmingham and enjoys spending time with his boyfriend Dylan, traveling and is an avid Rupaul's Drag Race fan.

jcowan@centralalabamapride.org



Luis Perez - Board of Directors

Luis Perez was born and raised in Monterrey, Mexico. He has been a resident of Birmingham, Alabama since 2002.

Luis has volunteered with Community Kitchens and ACU in Birmingham, AL and has been a member of the bowling community FREEDOM LEAGUE. This is his second year on the Board of Directors of Central Alabama Pride.

He felt like something was missing and that was the Hispanic/Latino gay community. That's why he decided to join the auxiliary board, to help to close that gap with the Hispanic community and bring new ideas. After serving on the auxiliary board, Luis was elected to the Board of Directors.

Luis wished to return at least a little bit back to the community that has embraced him as one of their own. Luis has learned a lot about the community and how CAP and others non-profits work with the guidance of Destiny Clark and he hopes one day to pass that knowledge to younger generations and show them that everything is possible if we work together.

In his free time, Luis enjoys working out, movies, friends and the fantastic entertainers from the local bars.

lperez@centralalabamapride.org



Ryan Burgett - Auxiliary Board

Ryan is 38 years old and originally from Nashville TN. He moved to Alabama when he was 13 and now lives in Alpine located in Talladega County.

He is a proud dad of 2 teenage children that keeps him on his toes.

He is very excited to see where this next year takes him. His first Pridefest was 4 years ago and he has wanted to be a member of the pride board ever since.

This year he decided to go for it. Now let the journey begin.....

rburgett@centralalabamapride.org

Ryan Cartee - Auxiliary Board

Ryan has been volunteering for Pride since 2008 and has also been volunteering as Security for the last 5 years at Pridefest. This is his first year serving on the auxiliary board.



Ryan works in the Towing and Recovery field as well as chasing the weather across the nation; In addition, he is a volunteer fire fighter as well as a Wildland firefighter. Ryan enjoy spending time with friends and camping when he's off from work.

He is excited about serving on the board and looks forward to Pride every year.

rcartee@centralalabamapride.org



Albert Daw - Auxiliary Board

Albert is serving his first year on the auxiliary board. Albert was raised in Birmingham. He is "Miss Pool Slut". He has worked with Apollo.

Albert is very excited to be on the auxiliary board and can't wait to get started working for his community.

adaw@centralalabamapride.org



Toni Mucciarone - Auxiliary Board

Toni is fairly new to Alabama and this is her first year on the auxiliary board. She works at T-Mobile and is the Co-Chair for the Pride and Allies network of the Diversity & Inclusion group there. She just married her beautiful wife Jana and has four children with her. She is also enrolled in Capella University working towards her MBA.

Toni is excited to be on the auxiliary board and is looking forward to the coming year.

tmucciarone@centralalabamapride.org



Steven Phillips (Piper) - Auxiliary Board

After being a volunteer at Pridefest for the last several years, Piper wanted to become more involved in the community and is newly elected to the auxiliary board.

sphillips@centralalabamapride.org



George Rush - Auxiliary Board

George has been a volunteer assisting with security during Pridefest for many years. This is his first year on the auxiliary board.

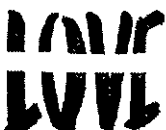
grush@centralalabamapride.org



Staci Thompson - Auxiliary Board

This is Staci's first year on the auxiliary board. Staci was the 2017 Central Alabama Pride Idol.

sthompson@centralalabamapride.org



Roger Torbert - Auxiliary Board

Roger is serving his first year on the auxiliary board and is excited about the coming year.

rtorbert@centralalabamapride.org



Andrea Zamora - Auxiliary Board

Andrea is newly elected to the auxiliary board. She served as the Spanish interpreter for 2018 Pridefest.

azamora@centralalabamapride.org





U.S. PASSPORT APPLICATION

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

FOR INFORMATION AND QUESTIONS

Visit the official Department of State website at travel.state.gov or contact the National Passport Information Center (NPIC) via toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) and NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

WHAT TO SUBMIT WITH THIS FORM:

- 1. PROOF OF U.S. CITIZENSHIP:** Evidence of U.S. citizenship **AND a photocopy** of the front (and back, if there is printed information) must be submitted with your application. The photocopy must be on 8 1/2 inch by 11 inch paper, black and white ink, legible, and clear. Evidence that is not damaged, altered, or forged will be returned to you. **Note:** Lawful permanent resident cards submitted with this application will be forwarded to U.S. Citizenship and Immigration Services, if we determine that you are a U.S. citizen.
- 2. PROOF OF IDENTITY:** You must present your original identification **AND submit a photocopy** of the front and back with your passport application.
- 3. RECENT COLOR PHOTOGRAPH:** Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.
- 4. FEES:** Please visit our website at travel.state.gov for current fees.

HOW TO SUBMIT THIS FORM:

Complete and submit this application in person to a designated acceptance agent: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. Embassy or Consulate, if abroad. To find your nearest acceptance facility, visit travel.state.gov or contact the National Passport Information Center at 1-877-487-2778.

Follow the instructions on Page 2 for detailed information to completion and submission of this form.

REQUIREMENTS FOR CHILDREN

● AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:

To submit an application for a child under age 16 **both parents or the child's legal guardian(s) must appear** and present the following:

- Evidence of the child's U.S. citizenship;
- Evidence of the child's relationship to parents/guardian(s); **AND**
- Original parental/guardian government-issued identification **AND a photocopy** of the front and back side of presented identification.

IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:

- Second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement **cannot** be more than **three** months old and **must** be signed and notarized on the same day, and **must** come with a photocopy of the front and back side of the second parent's government-issued photo identification; **OR**
- Second parent's death certificate if second parent is deceased; **OR**
- Primary evidence of sole authority to apply, such as a court order; **OR**
- A written statement or DS-5525 (made under penalty of perjury) explaining in detail the second parent's unavailability.

● AS DIRECTED BY REGULATION 22 C.F.R. 51.21 AND 51.28:

- Each minor child applying for a U.S. passport book and/or passport card must appear in person.

PASSPORT VALIDITY LENGTH

If you are 16 years of age or older: Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period.

If you are under 16 years of age: Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period.

APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR PASSPORT CARD

LOST OR STOLEN - If you cannot submit your valid or potentially valid U.S. passport book and/or passport card with this application and you have not previously submitted Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, you are required to fill out and submit a DS-64 with this application.

IN MY POSSESSION - If your most recent U.S. passport book and/or passport card was issued less than 15 years ago, and you were over the age of 16 at the time of issuance, you may be eligible to use Form DS-82 to renew your passport by mail.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted with this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

**DEFENDANT'S
EXHIBIT
Clark 7
11/8/18**

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or certified birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than 1 year after the birth: It must be supported by evidence described in the next paragraph.
- If no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the evidence listed below, which should include your given name and surname, date and/or place of birth, and the seal or other certification of the office (if customary), and the signature of the issuing official.
 - A hospital birth record;
 - An early baptismal or circumcision certificate;
 - Early census, school, medical, or family Bible records;
 - Insurance files or published birth announcements (such as a newspaper article); and
 - Notarized affidavits (or DS-10, Birth Affidavit) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

APPLICANTS BORN OUTSIDE THE UNITED STATES: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Consular Report of Birth Abroad, or evidence described below:

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, and your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English), proof of U.S. citizenship of your parent, your parents' marriage certificate, and an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, and your U.S. citizen parent(s) evidence of legal and physical custody. (NOTE: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov for details.

PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS, who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien that has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

COLOR PHOTOGRAPH

Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be in color, clear, with a full front view of your face. The photograph must be taken with a neutral facial expression (preferred) or a natural smile, and with both eyes open and be printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, or head covering unless a signed statement is submitted by the applicant verifying that the hat or head covering is part of recognized, traditional religious attire that is customarily or required to be worn continuously when in public or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Glasses or other eyewear are not acceptable unless you provide a signed statement from a doctor explaining why you cannot remove them due to medical reasons (e.g., during the recovery period from eye surgery). Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, hand-held self portraits, and magazine or full-length photographs are unacceptable. A digital photo must meet the previously stated qualifications, and will be accepted for use at the discretion of Passport Services. Visit our website at travel.state.gov for details and information.

FEES

FEES ARE LISTED ON OUR WEBSITE AT TRAVEL.STATE.GOV. BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

- **The passport application fee, security surcharge, and expedite fee may be paid in any of the following forms:** Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. NOTE: **Some designated acceptance facilities do not accept credit cards as a form of payment.**
- **For faster processing,** you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is only available for passports mailed in the United States and Canada.
- **OVERNIGHT DELIVERY SERVICE** is only available for passport book mailings in the United States. Please include the appropriate fee with your payment.
- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.
- **For applicants with U.S. government or military authorization for no-fee passports,** no fees are charged except the execution fee when applying at a designated acceptance facility.

Passport Services will not mail a U.S. passport to a private address outside the United States or Canada. If you do not live at the address listed in the "mailing address", then you must put the name of the person and mark it as "In Care Of" in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

If you choose to provide your email address in Item #6 on this application, Passport Services may use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

You may receive your newly issued passport book and/or card and your returned citizenship evidence in **two separate mailings**. If you are applying for both a U.S. passport book and passport card, **you may receive three separate mailings**; one with your returned citizenship evidence, one with your newly issued passport book, and one with your newly issued passport card.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C 2714a(f) require you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have never been issued a SSN, you must enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury. If you fail to provide the information, your application may be denied and you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times, and we will charge you a one-time fee of \$25, which we will also collect by EFT.

FEE REMITTANCE

Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56), and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the U.S. Department of State will take action to collect the delinquent fees from you under 22 C.F.R. Part 34, and the Federal Claims Collection Standards (see 31 C.F.R. Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by U.S. Department of Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing, or withholding eligible federal payments (e.g., tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

USE OF SOCIAL SECURITY NUMBER

Your Social Security number will be provided to U.S. Department of Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2; however, you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.

PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information regarding reporting a lost or stolen U.S. passport book or passport card (Form DS-64), or to determine your eligibility for a passport renewal (Form DS-82), call NPIC at 1-877-487-2778 or visit travel.state.gov.

NOTICE TO U.S. PASSPORT CARD APPLICANTS

The maximum number of letters provided for your given name (first and middle) on the U.S. passport card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten one of your given names you list on item 1 of this form.

U.S. passports, either in book or card format, are only issued to U.S. citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or U.S. passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. **Unlike the U.S. passport book, the U.S. passport card is valid only for entry at land border crossings and sea ports of entry when traveling from Canada, Mexico, the Caribbean, and Bermuda.** The U.S. passport card is **not** valid for international air travel.

ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues an "Electronic Passport" book, which contains an embedded electronic chip. The electronic passport book continues to be proof of the bearer's U.S. citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

ACTS OR CONDITIONS

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted of a federal or state drug offense or convicted of a "sex tourism" crimes statute, and I am not the subject of an outstanding federal, state, or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could result in the refusal or denial of your application.

Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to a penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form. Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 08-31-2019
ESTIMATED BURDEN: 85 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

U.S. Passport Book U.S. Passport Card Both

The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.

Regular Book (Standard) Large Book (Non-Standard)

Note: The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

D O Dep DOTS _____

First

Middle

End. # _____ Exp. _____

2. Date of Birth (mm/dd/yyyy)

3. Sex
M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

5. Social Security Number

6. Email (Info alerts offered at travel.state.gov)

7. Primary Contact Phone Number

@

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City

State

Zip Code

Country, if outside the United States

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No. _____ Country of Issuance _____

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

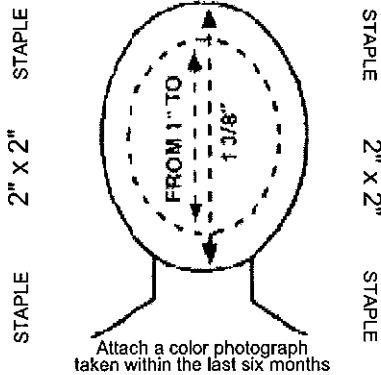
Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No. _____ Country of Issuance _____

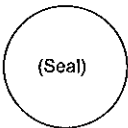
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.



Attach a color photograph taken within the last six months

Acceptance Agent (Vice) Consul USA

Passport Staff Agent



(Seal)

Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number

Signature of person authorized to accept applications

Date

X _____
Applicant's Legal Signature - age 16 and older
X _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)
X _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

For Issuing Office Only -> Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____



* DS 11 C 09 2013 1 *

Name of Applicant (Last, First, & Middle) _____ Date of Birth (mm/dd/yyyy) _____

10. Parental Information

Mother/Father/Parent - First & Middle Name _____

Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____

Place of Birth _____

Sex U.S. Citizen?
Male Yes
Female No

Mother/Father/Parent - First & Middle Name _____

Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____

Place of Birth _____

Sex U.S. Citizen?
Male Yes
Female No

11. Have you ever been married? Yes No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse _____

Date of Birth (mm/dd/yyyy) _____

Place of Birth _____

U.S. Citizen? Date of Marriage
Yes No (mm/dd/yyyy)

Have you ever been widowed or divorced? Widow/Divorce Date
Yes No (mm/dd/yyyy)

12. Additional Contact Phone Number

13. Occupation (if age 16 or older)

14. Employer or School (if applicable)

Home _____ Cell _____
Work _____

15. Height

16. Hair Color

17. Eye Color

18. Travel Plans

Departure Date (mm/dd/yyyy) _____

Return Date (mm/dd/yyyy) _____

Countries to be Visited _____

19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box) _____

Apartment/Unit _____

City _____

State _____

Zip Code _____

20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name _____

Address: Street/RFD # or P.O. Box _____

Apartment/Unit _____

City _____

State _____ Zip Code _____

Phone Number _____

Relationship _____

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No *If yes, complete the remaining items in #21.*

Name as printed on your most recent passport book _____

Most recent passport book number _____

Most recent passport book issue date (mm/dd/yyyy) _____

Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)

Name as printed on your most recent passport card _____

Most recent passport card number _____

Most recent passport card issue date (mm/dd/yyyy) _____

Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____

- Birth Certificate SR CR City Filed: _____ Issued: _____
- Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired: _____ A# _____
- Report of Birth Filed/Place: _____
- Passport C/R S/R Per PIERS #/DOI: _____
- Other: _____
- Attached: _____



P/C of Citiz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citiz W/S



* DS 11 C 09 2013 2 *



UNITED STATES PASSPORT FEES

Payment Instructions: *The application fee is paid directly to the Department of State. **The Execution/Acceptance fee is paid directly to the acceptance facility. Two separate payments are required.

ADULT APPLICANTS (16 Years and Older) Please see Apply in Person.

What are you applying for?	Use Form	Application Fee *Paid to the U.S. Department of State	Execution Fee (Acceptance Fee) **Paid to the Acceptance Facility
First-time Adult Passport Book	<u>DS-11</u>	\$110	\$35
First-time Adult Passport Card Not valid for international air travel. Valid only for travel by land and by sea to Canada, Mexico, Bermuda, and the Caribbean.	<u>DS-11</u>	\$30	\$35
First-time Adult Passport Book & Card	<u>DS-11</u>	\$140	\$35
Adult Passport Card For applicants who currently have a valid passport book.	<u>DS-82</u>	\$30	No Charge

ADULT RENEWALS Please see Renewal by Mail.

What are you renewing?	Use Form	Application Fee *Paid to the U.S. Department of State	Execution Fee (Acceptance Fee) **Paid to the Acceptance Facility
Adult Passport Book	<u>DS-82</u>	\$110	No Charge
Adult Passport Card Not valid for international air travel. Valid only for travel by land and by sea to Canada, Mexico, Bermuda, and the Caribbean.	<u>DS-82</u>	\$30	No Charge
Adult Passport Book & Card	<u>DS-82</u>	\$140	No Charge

ALL MINOR APPLICANTS (Under 16) Please see Children Under 16.

What are you applying for?	Use Form	Application Fee *Paid to the U.S. Department of State	Execution Fee (Acceptance Fee) **Paid to the Acceptance Facility
Minor Passport Book	<u>DS-11</u>	\$80	\$35
Minor Passport Card A passport card is valid only for travel by land and by sea to the following locations: Canada, Mexico, Bermuda, and the Caribbean.	<u>DS-11</u>	\$15	\$35
Minor Passport Book & Card	<u>DS-11</u>	\$95	\$35

OPTIONAL FEES (Paid to the U.S. Department of State)

Expedite Fee	Paid per application, in addition to required fees. Provides faster processing than routine service. Please see <u>Processing Times</u> .	\$60
1-2 Day Delivery	Paid per application for 1-2 day delivery of an issued passport book from the Department of State to the customer. Only applies to mailing addresses within the United States. Not valid for passport cards.	\$15.89
File Search Fee	A file search is necessary when an applicant is unable to present evidence of a previously issued U.S. Passport or Consular Report of Birth Abroad. Applicant must submit <u>Form DS-11</u> and a written request for a file search.	\$150


DEFENDANT'S EXHIBIT
Clark 8
11/8/18

Submitting incorrect passport fees could delay the processing of your application. For more information on passport application fees, please visit travel.state.gov/fees or call 1-877-487-2778, TDD/TTY: 1-888-874-7793.

STATE OF LOUISIANA
CERTIFICATE OF LIVE BIRTH

L899594 BIRTH No. 117-1992-021-00602

1A CHILD'S LAST NAME [REDACTED]		1C SECOND NAME [REDACTED]		
1B FIRST NAME [REDACTED]		1C SECOND NAME [REDACTED]		
2A BIRTH DATE [REDACTED] 1992	2B TIME OF BIRTH 3:44 AM	3 SEX MALE	4 NUMBER BORN SINGLE	5 BIRTH ORDER
6A PLACE OF BIRTH (CITY, TOWN, OR LOCATION) BATON ROUGE				
6B PARISH OF BIRTH EAST BATON ROUGE				
6C NAME OF HOSPITAL OR INSTITUTION WOMAN'S HOSPITAL				
7A RESIDENCE OF MOTHER (CITY, TOWN, OR LOCATION) BATON ROUGE				
7B PARISH EAST BATON ROUGE	7C STATE LOUISIANA	7D ZIP CODE 70816		
7E STREET ADDRESS OF RESIDENCE [REDACTED] NO 191				
8A FATHER'S LAST NAME [REDACTED]				
8B FIRST NAME [REDACTED]		8C SECOND NAME [REDACTED]		
8D CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY) SCOTTSBORO, ALABAMA				
8E AGE AT THIS BIRTH 25				
9A MOTHER'S MAIDEN NAME [REDACTED]				
9B FIRST NAME [REDACTED]		9C SECOND NAME [REDACTED]		
9D CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY) WILLIAMSBURG, VIRGINIA				
9E AGE AT THIS BIRTH 22				
FILE DATE [REDACTED] 1992	DATE ISSUED JULY 23, 1992			



THE ABOVE IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS ON FILE IN THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

William H. Boudin
STATE REGISTRAR

**DEFENDANT'S
EXHIBIT**
Corbitt 9
11/9/18

Scanned with CamScanner

North Dakota
LEGENDARY

USA
ND

DRIVER
LICENSE

582

D-1

9 CLASS D 12 RESTR NONE 9. END NONE

1 CORBITT-HALL

2 DARCY JEDA

8 [REDACTED]

10 FARGO, ND 58102

4d LIC# [REDACTED]

3 DOB [REDACTED]/1992 15 SEX F

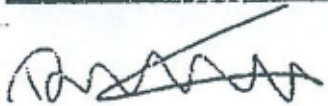
4a ISS 11/02/2016 16 HGT 5'-09"

4b EXP 05/11/2020 18 EYES BLU

5 DD [REDACTED]

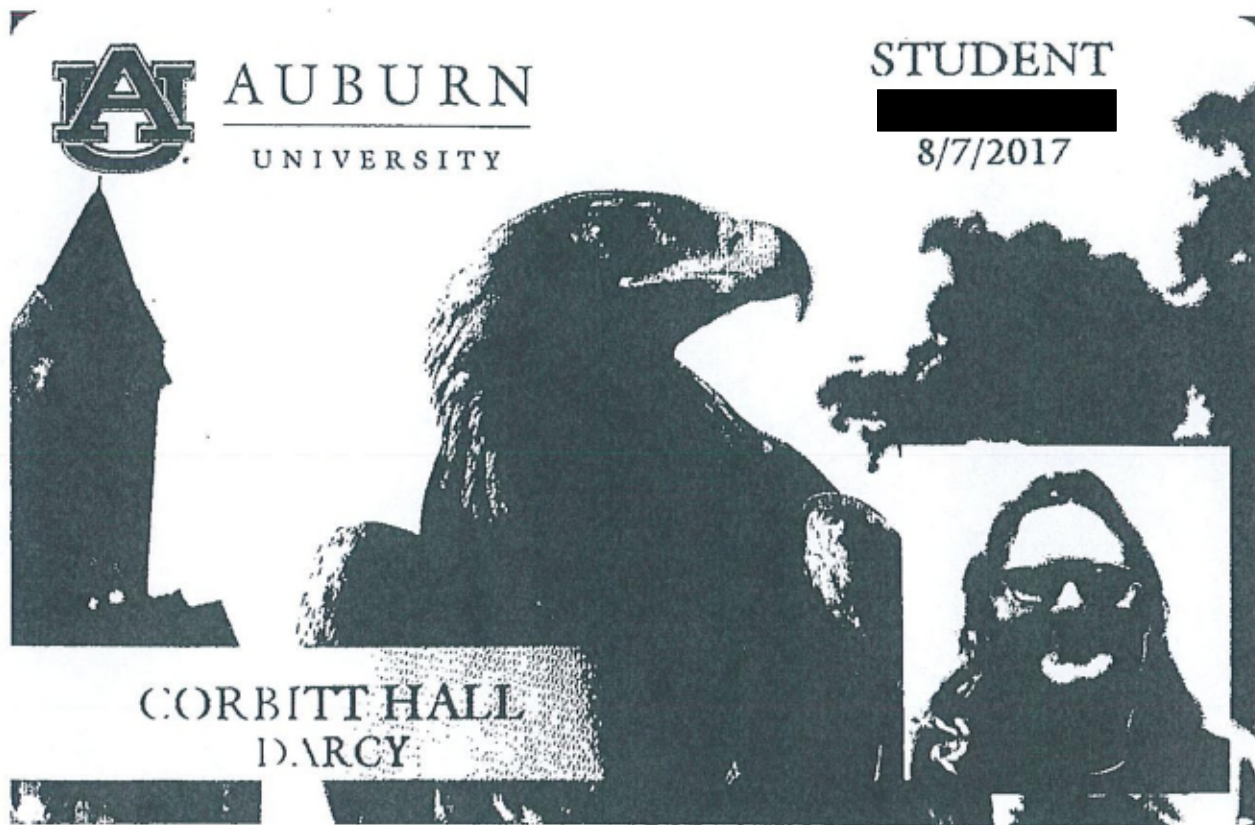
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REV 01-08-2014



DEFENDANT'S
EXHIBIT
Corbitt 10
11/9/18

Scanned with CamScanner



DEFENDANT'S
EXHIBIT
Corbitt 11
11/9/18

Scanned with CamScanner

FILED IN
OFFICE THIS
JUL 22 2013
BILL ENGLISH
Judge of Probate

STATE OF ALABAMA
COUNTY OF LEE


IN THE PROBATE COURT
LEE COUNTY, ALABAMA

ORDER GRANTING CHANGE OF NAME

This day came [REDACTED] whose date of birth is MAY 11, 1992 and filed his petition and declaration in writing under oath and in conformity with the Code of Alabama, Section 12-13-1(10), praying that his name be changed to DARCY JEDA CORBITT-HALL and it appearing that the facts stated in said petition and declaration are true and that the said [REDACTED] is a resident of this county and that he is over the age of nineteen (19) years and that he has heretofore been known by the name of [REDACTED]

NOW THEREFORE, IT IS CONSIDERED, ORDERED AND ADJUDGED by the Court that the said petition and declaration be filed and recorded and that the said [REDACTED] henceforth shall be known by the name of DARCY JEDA CORBITT-HALL.

Done this the 22nd day of July, 2013.


BILL ENGLISH
PROBATE JUDGE
LEE COUNTY ALABAMA

DEFENDANT'S
EXHIBIT
Corbitt 12
11/9/18



Family Tree Clinic
1619 Dayton Avenue, Suite 205
St. Paul, MN 55104
Phone 651-645-0478
Fax 651-642-2523

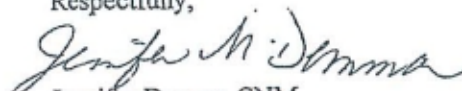
To Whom It May Concern:

I, Jennifer M. Demma, Minnesota state license number CNM 0050, DEA number MD3431765 am the provider of record working with Darcy Corbitt-Hall DOE [REDACTED] 1992. I have a provider/patient relationship with Darcy and have treated this patient since April 2016. I am a Certified Nurse-Midwife and Advanced Practice Registered Nurse who practices according to the World Professional Association for Transgender Health in collaboration with Dr. Maria Kaefer, Minnesota state license number MN 45239, DEA number BK8081072.

This patient has had the appropriate clinical treatment for gender transition to the female gender. All legal documentation including but not limited to Passport, Driver's License, Birth Certificate and Work Identification should reflect the new gender. Gender role transition has been completed.

We declare under penalty of perjury under the laws of the United States that the forgoing is true and correct. If there are any further questions, please do not hesitate to contact the clinic directly at 651-645-0478.

Respectfully,



Jennifer Demma CNM


Maria Kaefer, MD

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11/9/18



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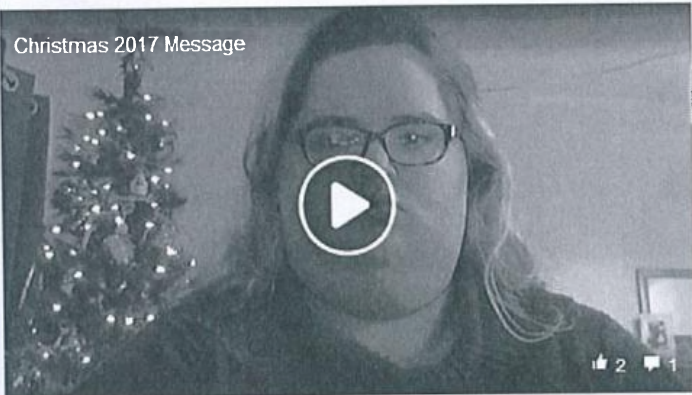


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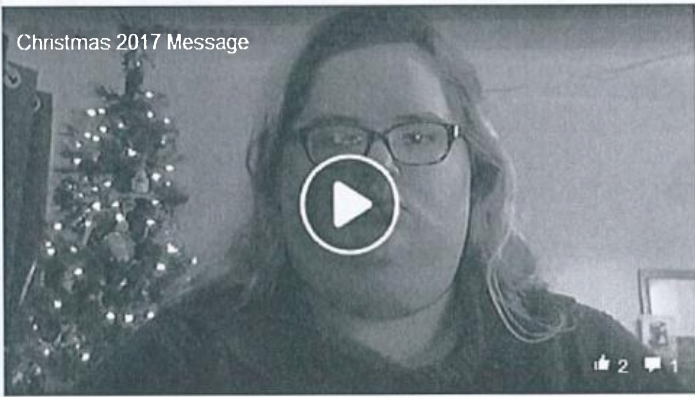
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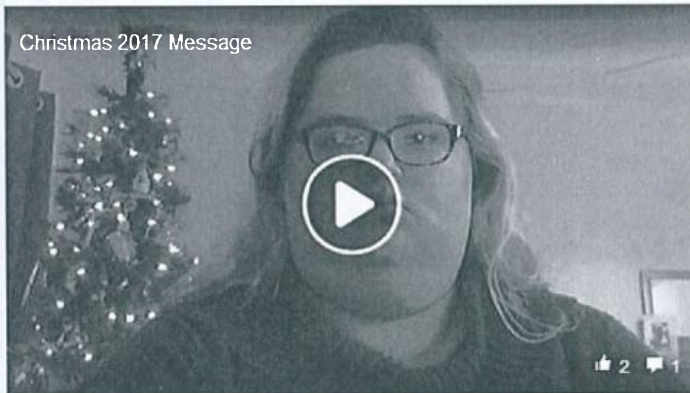
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ABOUT DARCY JEDA CORBITT

Darcy's Story

Alabama

'I've always been Darcy': Transgender Auburn University student to be honored at Montgomery LGBT vigil



Darcy Corbitt from 2010 to 2013 (Submitted)



By **Jeremy Gray** | jgray@al.com
[Email the author](#) | [Follow on Twitter](#)
on February 07, 2014 at 8:00 AM

AUBURN, Alabama -- From the age of three, Darcy Corbitt knew she was meant to be a woman.

Born biologically male, Corbitt, on her 21st birthday in May, stopped using the boy's name her parents gave her and asked that others do the same. It was, she says, the final step in a years long journey to fully embracing the person she always knew she was.

"I didn't feel like I was a born in the right body, but for years I didn't know that was legitimate. I knew I was a woman, but I didn't understand what that meant," the Auburn University senior said.

Corbitt sent letters to faculty members asking that they address her as Darcy and refer to her with female pronouns. In October, in a front page **interview with the campus newspaper, The Auburn Plainsman**, she described the suicidal feelings she battled before she made the decision to live openly as a woman.



On Sunday Feb. 16, at the **16th annual Vigil for Victims of Hate and Violence** on the steps of the state capital, Corbitt will receive the Stephen Light Youth Activist Award. The award is named in honor of a gay rights activist who died in Birmingham in 2012 at age 25.

Sara Couvillon received the award in 2012 for the stand she took after **Hoover High School officials said she couldn't wear a T-shirt** that read, "Gay? fine by me." **Adam Beathard received the award in 2013** for his role in organizing Mobile's LGBTQA (Lesbian, Gay, Bisexual, Transgender, Questioning, Queer and Ally) youth.

Michael Hansen, communications director for Equality Alabama, the group presenting the award, said Corbitt earned the honor when she shared her story with The Auburn Plainsman.

"Her story touched many lives throughout Alabama and beyond," Hansen said. "It was a bold and courageous move, especially on a **campus recently voted the nation's most conservative public university**. I have gotten to know Darcy via Facebook since then and have been extraordinarily impressed with her passion, intellect and activist spirit. Personally, she has been inspired me to become more informed and vocal in my advocacy for the trans* community."

(Hansen said he uses the word "**trans***" because it encompasses all of the many identities within the gender identity spectrum.)

Corbitt said she wasn't so sure she deserved the honor.

"I don't consider myself an advocate," she said. "I thought about it for a few days. Every time I put on lipstick and go out into the world and live my life as a woman, I'm showing people I'm human too, I'm brave and I'm not going to let people tell me who I am."

'It's hard to be yourself, but you sure look happy.'

Before Corbitt fully identified herself in public as a female, she came out as a gay man at age 18 and for about a year she dressed as a woman, although at that time she identified herself as a gay man who wore women's clothes.

Her 21st birthday, she said, was when she "started anew" and officially identified herself as Darcy. "It was impossible for me to stay the man I had presented myself as for 20 years."

Making that change wasn't easy.

"I was really terrified. I thought I was going to get death threats," Corbitt said. "I really haven't had any problems. I have had nothing but support from the faculty."

Her parents struggled with it and they stopped speaking for a while. Darcy said she began supporting herself financially.

"My parents had 20 minutes to take it all in. It's a process. It takes a long time. I think in a couple of years things will be better. I'm lucky to have the parents I have," Corbitt said.

Having lived in Auburn since she was a young child, Corbitt said most of her childhood friends and the people she went to church with "won't look me in the eye. People who don't even know me treated me better than people I do know."

She was treated with kindness, she said, when she went to the Lee County courthouse to change her name.

"The clerk in the driver's license office said to me, 'It's hard to be yourself, but you sure look happy.'"

Before The Plainsman article appeared, Corbitt was just one of the more than 25,000 students at Auburn University.

Corbitt said the day the article ran, she was stopped by 50 people -- all of whom had nice things to say.



"It was nothing but good, positive comments," Corbitt said of those who approached her on campus. "It wasn't just liberals or hippies. It was conservative frat guys."

'I never looked back.'

Corbitt said Bonnie Wilson in Auburn's Women's Initiatives Office and Spectrum, Auburn's Gay-Straight Alliance, where Corbitt serves as director of social affairs, helped give her the courage to live her life openly and freely.

"I asked her, 'If there weren't any barriers, what would you be?'" Wilson told The Plainsman. "And (Corbitt) said, 'a woman.' And I said, 'then that's what you are.'"

"I never looked back" after that conversation, Corbitt said.

Now, as part of her work with Spectrum, Corbitt speaks on panels and to groups about sexual orientation and gender identity issues.

"I think that education, next to small acts of courage, are the most important ways for us to gain equality. I think that racism and homophobia stem entirely from ignorance, not stupidity, just the lack of information or knowledge about specific issues," Corbitt said.

On Nov. 2, 2012, before she began using the name Darcy, she wrote a letter to Auburn University President Jay Gogue asking gender identity and expression be added to the university's non-discrimination policy. The school's **student government passed a resolution endorsing the change** months earlier.

"As a gay man who is also a full-time cross dresser this resolution is very important to me. Because I dress outside of the normative for my gender, I am considered transgendered, and my right to wear the clothing I choose is not protected by the University," she wrote.

"I have numerous friends who are transgendered or transsexual, and most of them have been the target of bullying from faculty and their peers. At least one that I know of was even outed in a class by his professor, and several of our esteemed athletes declared in a classroom panel that 'trans' individuals were not humans and didn't deserve to live," the letter continued.

"All I ask is that Auburn stands by me and my friends, protecting and affirming our rights, even if portions of the Auburn family do not agree. Because this is the true meaning of family: that we stand by each other no matter what."

She was invited, along with other Spectrum members, to speak to a committee considering the resolution.


A year later, in November 2013, the policy was updated to include gender identity and expression.

The change in policy "originated with students and was recommended by the Student Government Association and approved by the Multicultural and Diversity Commission," according to Kelley Taylor, Auburn University's Director of Affirmative Action/Equal Employment Opportunity.

Other Spectrum members, Corbitt said, deserve the credit for the change.

"I wrote a letter. A lot of people did a lot more than I did," Corbitt said.

'It's hard to be open and out.'

Pursuing a double major in English literature and psychology, Corbitt said she wants to help young people fight against suicidal thoughts. 

She said was moved by the story of **Josh Pacheco, a gay high school junior in Michigan who killed himself** in 2012 after being bullied.

"It made me so angry. He felt like the best way to deal with it was to end it all," Corbitt said.

It was a feeling Corbitt said she had herself before taking the name Darcy, once after she was outed while attending a private Christian college and once while struggling with her gender identity while at Auburn.

"I was going to do it. I had a plan. I didn't want to be trans* and face the consequences," she said in an interview with Equality Alabama.

Adopting the name, she said, wasn't about changing who she was. It was about being willing to fully embrace who she was.

"I've always been Darcy, a woman. I was in a costume for 20 years," Corbitt said.

She says she worries about other young gay, lesbian, bi-sexual and transgender people in Alabama and understands the fear many of them may feel about coming out.

"It's an appropriate emotion to feel. It's not welcoming. It's hard to be open and out. It's not a popular stance," Corbitt said. "But it's worth it. We are all different and we're all unique and we're all valuable. I want them to know the world would be a worse place without them."

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7051678

January 15, 2016

To Whom It May Concern;

I am a physician who is licensed to practice medicine in the State of Alabama, license number 22747. Destiny Clark, date of birth [REDACTED] 1984, has been a patient under my care since May 9, 2014.

I have knowledge of Ms. Clark's medical condition and have performed a thorough physical examination of her.

Based on my thorough physical examination of Ms. Clark, I confirm that she has met the requirements of the Alabama Department of Public Safety's policy for changing the gender designation on her driver's license from male to female.

Sincerely,

Scott R. Weisberg, M.D.

2500 4th AVENUE SOUTH | BIRMINGHAM, AL 35233 | 205.877.8677

DEFENDANT'S
EXHIBIT
Eastman 27
11/13/18

7051675

must present ltr from
Dr that performed surgery
or amended birth certificate



3/31/16
JTA

March 31, 2016

To Whom it May Concern:

I, Scott R Weisberg, M.D., declare that I am a physician licensed to practice Family Medicine in the State of Alabama (license #: AL22747), as well as Florida and Georgia.

This letter is in regard to my patient Destiny Clark, born [REDACTED] 1984, whose true gender is female. She has been my patient since prior to her many surgeries in 2016.

Destiny Clark has undergone medical and psychological testing, receives ongoing Hormone Replacement Therapy, and was referred for and received surgical procedures to irreversibly correct her anatomy to match her gender.

Surgical procedures include breast augmentation, orchiectomy, penectomy, and vaginoplasty /vulvoplasty.

As Destiny Clark is my patient, I have completed a physical examination of her subsequent to these procedures. She has completed all surgeries necessary, including genital reconstruction, to bring her body into alignment with her gender.

If you should have any questions, please call my office.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Weisberg".

Scott R. Weisberg, M.D.

rec'd 3/31/16

Per PX w/Dr office, Dr did not perform complete gender reassignment surgery. Must have ltr stating complete surgery has been performed or amended Birth Cert.

Patient: Clark, Destiny DOB: 04/26/1984



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2/3/17
JTB

Date: 01/18/2017

To Whom It May Concern.

705/625

Destiny Clark having been living as a transgender female has previously been to my practice for evaluation prior to gender transformation surgery. I performed a surgical procedure related to gender transformation on March 2, 2016.

Sincerely,

ROBERT BOLLING, MD

Sex, Gender Dysphoria, and Alabama Driver's License Policy

Expert Report of R. Nicholas Gorton, M.D., on behalf of Plaintiffs in *Corbitt v. Taylor*, 2:18-cv-00091-MHT-GMB (U.S. District Court, Middle District of Alabama, Northern Division)

Purpose:

The purpose of this report is to provide information about sex, gender dysphoria and its treatment, and the impact on transgender individuals of being unable to obtain a driver's license consistent with their gender identity. Policy Order 63 is not consistent with medical understandings of sex or gender identity and compromises the mental health and physical safety of people with gender dysphoria.

Qualifications:

I am a physician licensed in California. I received my medical degree from the University of North Carolina School of Medicine in 1998 and completed my residency and chief residency in emergency medicine at Kings County Hospital in Brooklyn, New York.

In addition to working as an Emergency Medicine physician at Sutter Davis Hospital, for over a decade I have also served as a primary care physician at Lyon-Martin Health Services ("Lyon-Martin") in San Francisco since 2005 where I have provided primary care and transition-related care to more than 400 transgender patients. I provide medical assessments including the diagnosis of Gender Dysphoria, initiate and monitor hormonal treatment, and refer for mental health treatments. I also determine whether and when patients are appropriate for referral for sex reassignment surgeries, provide pre-operative preparation and clearance, and provide post-operative care in consultation with the appropriate surgeon. I also provide supervision to Nurse Practitioners and Physician Assistants treating transgender patients at Lyon-Martin. Lyon-Martin is an historically LGBT clinic that has been serving transgender patients for over 30 years. Lyon-Martin is also one of just a handful of sites in the United States that trains medical students, residents, and fellows to provide transgender primary care, and I have been a primary clinical instructor for these trainees including the 1 year Nurse Practitioner Residency that Lyon-Martin has developed. I have provided extensive clinical instruction to over 100 trainees during this time.

I also serve as a clinician consultant for TransLine¹, a national transgender medical consultation service for clinicians needing expert advice about the care of their individual patients. I am a member of the World Professional Association for Transgender Health (WPATH) and serve on their transgender medicine and research committee and institutionalized persons committee.

I have presented lectures and grand rounds on transgender health issues at numerous medical school and residency programs throughout the United States as well as national and international conferences. I have also co-authored numerous publications addressing transgender health, including professional journal articles and chapters and sections in professional texts, and publications aimed at the transgender community itself. I have been retained as an expert regarding gender dysphoria and the treatment of gender dysphoria in multiple court cases and administrative proceedings. I was deposed as an expert in the following cases over the past four years: *Edmo v. Idaho Dept. of Corrections* 1:17-cv-00151 (U.S. District Court, District of Idaho); *Cruz v. Zucker*, 14 CV-4456 (U.S. District Court, Southern District of New York) and *Keohane v. Jones*, 4:16-cv-00511 (U.S. District Court, Northern District of Florida).

¹<http://project-health.org/transline/>

I am not charging a consulting fee in this case.
A copy of my *Curriculum Vitae* is attached.

Basis of Opinion

To form my opinion, I reviewed a copy of Policy Order 63 supplied to me by counsel for Plaintiffs. I formed my opinion on the basis of my clinical experience, familiarity with the literature in the field of gender dysphoria and transgender health, and familiarity with clinical guidelines and standards of care in the same field. I have attached a bibliography of pertinent publications.

Definitions:

Sex is the sum of the anatomical, physiological, and biologically functional characteristics of an individual that places them in the categories male, female, or along a spectrum between the two. In the majority of instances, these characteristics are congruent allowing individuals to be easily described as male or female. However, in some cases such as intersex and transgender people, individuals reside along a spectrum between the two.

Gender identity is the internal sense of oneself as male, female, or somewhere along the spectrum between the two, or, as in the case of agender individuals, external to this spectrum. It should be noted that gender identity, being a product of the central nervous system, should be considered one of the characteristics when describing the sex of an individual.

Non-binary gender identity is the gender identity of a minority of transgender people and those diagnosed with Gender Dysphoria. Their gender identity is neither typically male or female. In some jurisdictions, these patients are allowed a non-binary sex designation on their identity documents instead of M or F.

Gender expression is the clothing, grooming, mannerisms, and other behaviors that signal to others our gender.

Sex assigned at birth is the sex to which typically an obstetrician, pediatrician, or midwife assigns a newborn which is recorded on their birth certificate (or records no sex at the time of birth due to an intersex condition).

Transgender is used to describe individuals whose sex assigned at birth is different than their gender identity.

Gender Dysphoria (GD), like Depression is both a diagnosis and the predominant symptom of that diagnosis. The symptom of gender dysphoria is the psychological distress one feels when there is a conflict between one's internal gender identity and both one's physical body and how one is perceived and treated by others in society. Like depression, this can range from being mild to severe emotional distress. It should be noted that not all people who are transgender carry the diagnosis of Gender Dysphoria.

Sex Reassignment Surgery (SRS), A/K/A Gender Affirming Surgery, Gender-Confirming Surgery, or Gender Reassignment Surgery are a class of surgical procedures performed for patients with gender dysphoria to align their physical bodies in accordance with their Gender Identity.

Hormone Replacement Therapy (HRT) is the provision of sex hormones (and sometimes sex hormone antagonists) to change the body of transgender people to better conform to their gender identity.

Misgendering is when transgender people are addressed either accidentally or intentionally with the wrong pronoun or with the patient's prior name (generally their birth name). This action causes significant negative mental health consequences for transgender people and can worsen their gender dysphoria.

Social transition is when transgender people live and present themselves authentically as the gender corresponding to their gender identity. This can include using a new chosen name and pronouns, wearing different clothing, changing grooming practices, and in general interacting with society as the gender corresponding to their gender identity.

Identity Documents and their importance to individuals with Gender Dysphoria:

Transgender people who are diagnosed with Gender Dysphoria may, as part of their prescribed medical treatment plan, change their legal name and their gender marker on official documents such as driving license, passport, birth certificate, and social security card. This process of changing identity documents has profound health benefits for patients with gender dysphoria as well as significant social, legal, and safety implications for transgender people navigating the world in accordance with their gender identity.

Misgendering (defined above) has profound and sometimes life threatening negative mental health consequences for transgender people. For example, a recent study demonstrated that in adolescent and young adult transgender patients, use of their chosen name and the correct pronoun significantly decreased depression, suicidal ideation, and suicide attempts.² When transgender people are able to present identification that corresponds to their gender identity and expression in the numerous situations that require it, they are protected from misgendering and its negative health outcomes. As noted in a *Lancet Psychiatry* article, "transphobia and being misgendered can have a multiple layered negative intersection on every aspect of life."³ Misgendering patients in health care settings has been associated with avoidance of necessary medical care in multiple studies.^{4,5,6}

²Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*.

³Morgan, J. (2015). Trans* health: "diversity, not pathology". *The Lancet Psychiatry*, 2(2), 124-125.

⁴Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348-361.

⁵Brown, J. F., & Fu, J. (2014). Emergency department avoidance by transgender persons: another broken thread in the "safety net" of emergency medicine care. *Annals of emergency medicine*, 63(6), 721-722.

Moreover transgender people who lack appropriate identity documents often avoid situations that require them to use these documents to avoid misgendering and negative treatment due to being outed. For example, patients may avoid travelling by plane, applying for employment, applying for public benefits, filling prescriptions, purchasing alcohol, applying to and attending college, checking into a hotel, renting a car, voting, opening and using a checking account, using a credit or bank card, travelling internationally, and numerous other things that most of us take for granted. I have had patients report each of these things to me, some many times. Being unable to safely do these activities has far-reaching effects such as increasing risks of homelessness. The US Transgender Survey (USTS) found 30% of transgender people had been homeless at some point in their lives, likely related to having more than three times the US unemployment rate and more than double the rates of poverty.⁷ Even when transgender people are homeless, they may be unable to access shelters if they lack identity documents.

It should also be noted that my patients have reported avoidance of situations requiring the use of identity documents not just due to fear of what may happen in the future, but because of prior discrimination and sometimes violence they have encountered. Unfortunately, transgender people when they are outed as being transgender face starkly increased rates of interpersonal violence. The USTS found that in the prior year 9% of respondents had been physically attacked because they were transgender and 10% had been raped. The USTS also noted that among transgender people who were perceived as transgender, the rate of being a victim of violence was almost three times as high as those who were not perceived as transgender. Thus being outed by presenting incongruent identity documents not only has serious negative mental health consequences, but also places transgender people in grave physical danger.

Finally, in the case of transgender people who are diagnosed and treated for Gender Dysphoria (GD), presenting identity documents that do not correspond to their gender presentation, a prescribed part of their treatment, are faced with the decision to avoid use of these documents or have to reveal their private medical history every time they do. This is medically inappropriate. Patients deserve privacy and forcing them to choose between this and using an identity document is unethical.

Determining correct gender marker for identity documents:

Many transgender people who are diagnosed with GD have medical treatment in the form of hormone replacement therapy (HRT). This provides a range of physical and physiological changes that make the individual's body better reflect their internal gender identity. Many also undergo one or more surgeries to meet that same goal. However many is not all transgender patients. Moreover medical need, ability to access care, and clinical appropriateness of these treatments in no way reflects an individual's gender identity or how they should be treated by others. So the care of transgender people, like all other patients must be individualized. No one

⁶ Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Annals of emergency medicine*, 63(6), 713-720.

⁷James, S. E., & Herman, J. (2017). *The Report of the 2015 US Transgender Survey: Executive Summary*. National Center for Transgender Equality.

would suggest that all diabetics need treatment with insulin, and in the same way not all people with GD need HRT or sex reassignment surgery (SRS).

For example, in the case of HRT, some transgender people do not require it (or at least don't require it on an ongoing basis) to successfully transition and treat their gender dysphoria. In addition, for some patients with GD, HRT may be medically contraindicated. For example, a transgender woman who has a hereditary thrombophilia resulting in an increased risk of blood clots would be placed at higher risk of development of these clots by standard HRT. In some cases, careful and low dose HRT is still needed to treat their GD, but in some cases it is not. Similarly, transgender women who are carriers of a breast cancer gene mutation would be at substantially increased risk of cancer if they underwent standard HRT. Thus a requirement for a transgender woman to undergo HRT in order to change her identity document would place some patients at risk of serious illness and death.

Similarly, surgical treatments must also be individualized. While laymen might think that there is "one surgery" that defines an individual as having "changed their sex," the truth is far more complicated. There are dozens of possible procedures that transgender people can undergo, and no single patient undergoes all of the ones possible for their gender. Some people with GD require multiple SRS procedures on multiple body sites, while some may require only one or two, and some none at all to successfully treat their GD. It should be remembered that the goal of treatment of GD is to relieve the dysphoria, not accomplish a laundry list of treatments that may in fact be ill advised in some patients.

Moreover, similarly to HRT, for some patients certain surgeries (or any surgery at all) may be medically contraindicated. One benefit of genital SRS for transgender men is the ability to stand to urinate. In the case of a transgender man who is a paraplegic he would not realize this benefit of SRS. Given that the risk of genital SRS in a paraplegic would also be far greater, the benefits might not justify the risks and surgery would not be undertaken. Similarly, a transgender man who had prior pelvic radiation for childhood cancer would be at significantly greater risk of surgical complications which might preclude safely performing genital SRS. These patients might have their GD treated successfully with just HRT and mastectomy with chest reconstruction. Similarly, some people by virtue of coexisting medical issues are at very high risk of undergoing anesthesia for any surgery. While they might benefit from surgery, this must be weighed against the risks and an individualized treatment plan developed. Mandating a genital surgery to obtain identity documents would place all of these patients in the situation of choosing between the substantial negative consequences detailed above that come with not having appropriate identity documents and the risks of serious complications or even death that may be the result of an ill-advised surgery to fulfill administrative requirements.

Finally, it should be remembered that most genital surgeries in people with GD results in permanent infertility. While this is an unfortunate though acceptable side effect to many transgender people for their treatment, just as it might be for people with cancer, it should only be undertaken when the health benefits of treatment outweigh the risks. Having forced sterilization as an administrative requirement for obtaining proper identity documents is morally wrong and harkens back to the era of forced sterilization in which over 60,000 Americans were sterilized without their consent in the first half of the twentieth century. The American College of Obstetricians and Gynecologists Committee on Ethics has issued clinical guidance that states: "Coercive or forcible sterilization practices are unethical and should never be performed."⁸ In

⁸ American College of Obstetricians and Gynecologists Committee Opinion Number 695. "Sterilization of Women: Ethical Issues and Considerations", April 2017.

May 2014, the World Health Organization, the Office of the United Nations High Commissioner for Human Rights, UN Women, UNAIDS, UNDP, UNFPA, and UNICEF published a joint interagency statement: *Eliminating forced, coercive and otherwise involuntary sterilization*.⁹ This report states: “In many countries, transgender and often also intersex persons are required to undergo sterilization surgeries that are often unwanted, as a prerequisite to receiving gender affirmative treatment and gender-marker changes.” The report also notes: “these sterilization requirements run counter to respect for bodily integrity, self-determination and human dignity, and can cause and perpetuate discrimination against transgender and intersex persons” and it recommends: “the revision of laws to remove any requirements for compulsory sterilization of transgender persons.”

Given these clinical complexities, it is scientifically inaccurate, clinically inappropriate, and unethical to require a set of medical and surgical procedures to define who should be provided with appropriate identity documentation. It also places transgender people at risk of the dangerous mental health consequences of misgendering and the greater risk of interpersonal violence when their transgender identity is revealed by inappropriate documents.

Most jurisdictions have abandoned surgery requirements:

Given the individual medical needs of individuals with Gender Dysphoria, conditioning a gender marker change on a particular treatment will fail to appropriately serve all transgender people. Thus most jurisdictions have moved away from surgery requirements and defer to the determination of patients and their health care providers.¹⁰

Four states and the District of Columbia allow transgender people to certify their own gender and 30 states require a certification from a healthcare provider to be allowed to change gender markers on drivers licenses, with no particular surgery or treatment being required.

Requiring Genital SRS to Change a Gender Marker Would Not Result in Everyone with the Same Gender Marker Having the Same Anatomical Characteristics.

The use of genital SRS as a criterion in Policy Order 63 demonstrates a lack of understanding of the biological characteristics and clinical determinations relevant to sex, and would not yield consistency in the physical characteristics of people designated as having the same sex. If genital anatomy is the only determinant, does a male lose his right to have an M on his identification if he has a penectomy or orchiectomy for cancer? Is a person born with an intersex condition that has genitals that are neither characteristically male nor female simply not allowed a sex designation at all? Because of intersex conditions, traumatic injuries, and medical treatments for various conditions, a significant number of people assigned a female sex at birth who have not undergone genital SRS nonetheless do not have female-typical genital anatomy or other female-typical anatomy, and a significant number of people assigned a male sex at birth who have not undergone genital SRS nonetheless do not have male-typical genital anatomy or other male-typical anatomy.

⁹ World Health Organization. (2014). *Eliminating forced, coercive and otherwise involuntary sterilization: An interagency statement*, OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO.

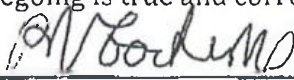
¹⁰ National Center for Transgender Equality (2018). *How Trans Friendly is the Driver's License gender Change Policy in your State?* <https://transequality.org/documents>.

Conclusion:

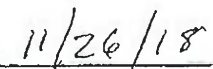
Policy order 63 provides no medical or scientific justification for that decision.

Were Alabama to decide to choose the route that is most clinically appropriate, they would adopt policies such as those in OR, DC, and CA: transgender individuals submit a form where they certify their gender, the genders allowed are three: male, female, and none or non-binary, and their identity document is changed based on the patients affirmation. Failing self-affirmation, the next best option is to rely on certification by any of a range of medical or mental health providers who are treating patients with GD.

Pursuant to 28 U. S. C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.



R. Nicholas Gorton, M.D.



Date

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Professional Practice

February 2005 – Current Emergency Medicine Physician
Sutter Davis Hospital
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July 2002 – February 2005 Emergency Medicine Physician
St Tammany Parish Hospital
Covington, LA

Professional Practice: Volunteer Activities

March 2005 – Current Primary Care Provider and Clinical Instructor
Lyon-Martin Health Services
San Francisco, CA.

August 2005 – February 2006 Acting Medical Director
Lyon-Martin Health Services
San Francisco, CA.

September 2008 – Current Executive Committee Member and Lecturer
Project HEALTH <http://www.project-health.org/>
San Francisco, CA.

January 2011 – Current Consultant TransLine National Clinical Consultation Line

Medical-Legal Consultant: Sylvia Rivera Law Project, New York, NY
Lambda Legal Defense and Education Fund, Inc., New York, NY
Transgender Law Center, San Francisco, CA
National Center for Lesbian Rights. San Francisco, CA
Northwest Justice Project, Seattle, WA
The Legal Aid Society, New York, NY
National Center for Transgender Equality, Washington, DC
TGI Justice Project, Oakland, CA.
ACLU Florida

Post Graduate Training

June 2001 – June 2002 Chief Resident, Department of Emergency Medicine
Kings County Hospital Center/SUNY Downstate
Brooklyn, NY

July 1998 – June 2002 Emergency Medicine Residency
Kings County Hospital Center/SUNY Downstate
Brooklyn, NY

Education

August 1994 – May 1998 Doctor of Medicine
University of North Carolina School of Medicine
Chapel Hill, NC

August 1988 – August 1991 Bachelor of Science in Biochemistry, Summa Cum Laude
North Carolina State University
Raleigh, NC

Professional Affiliations

World Professional Association for Transgender Health (formerly HBGDA)

- ◆ Transgender Medicine and Research Committee
- ◆ Institutionalized Persons Committee

University of California at San Francisco Center of Excellence for Transgender Health

- ◆ Medical Advisory Board 2010-2013 (during development of original Primary Care Protocols)

American Medical Association

- ◆ GLBT Advisory Committee 2009-2011

Gay and Lesbian Medical Association

- ◆ LGBT Medical Experts Panel

Licensure/Certification

Nov 2003 – Present Diplomate American Board of Emergency Medicine
Nov 2004 – Present CA State Medical License A89440
Feb 2002 – 2009 LA State Medical License 14466R
June 2001 – 2010 NY State Medical License 221808

Publications and Papers

Gorton, R, and Berdahl, C. *Improving the Quality of Emergency Care for Transgender Patients. Annals of emergency medicine.* 71(2): 189-192. 2018.

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Selected Conference Presentations and Invited Talks

Gorton, R. Genital Gender Affirming Surgery for the Transgender Patient: A Didactic and Hands-on Fresh Cadaver-Based Course: "Hormone Replacement for Transgender Patients". American Urological Association 2018. San Francisco, CA. May, 2018.

Gorton, R, Jaffe, JM, Tescher, J, and Baker, K. "Mini-Symposium: As California Goes, So Goes the Nation (Hopefully)". USPATH. February, 2017.

Gorton, R. Sessuion Moderator. USPATH Symposium. San Francisco CA. February, 2017.

Gorton, R. "Acute and Long Term Complications of Silicone Pumping: Primary, Secondary, and Tertiary Prevention". WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton, R, Ettner, R, Brown, G, Bermudez, F, Orthwein, J and Mazur, T. "Orange isn't the New Black (Yet)". WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton R. "Transgender Patient Care in the Emergency Department". American

Academy of Emergency Medicine Scientific Assembly. Las Vegas, Nevada. February 2016.

Gorton R. "Transgender Patients in the Emergency Department". Stanford University Department of Emergency Medicine SimWars. Stanford, CA. February 2016.

Gorton R. "History of Transgender Medicine". UCSF School of Medicine Transgender Health elective. San Francisco, CA. February 2016.

Gorton R. "Free Silicone Complications and Management". National Transgender Health Summit. Oakland, CA. April 2015.

Gorton R. "History of Transgender Medicine". UCSF School of Medicine Transgender Health elective. San Francisco, CA. March 2015.

Gorton R. "Transgender Healthcare". UC Davis School of Medicine. Sacramento, CA.
December 2015.

Gorton R. "Engaging and Retaining Transgender Patients in Ongoing Primary Care". National Association of Community Health Centers Health Institute and Expo. San Diego, CA. August 2014.

Gorton R. "Sexual and Reproductive Health: A Focus on Transgender Patients". California Family Health Council. Webinar. March 2014.

Gorton, R, Green, J and Tescher, J. "California Dreaming: Two Decades of Change in Health Insurance Law and Policy". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Chung, C. "From Grassroots Health Advocacy to Expanding Clinician Competency: Project HEALTH (Harnessing Education, Advocacy & Leadership for Transgender Health)". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Tescher, J. "Minding the Gap: Development and Implementation of a Clinical Rotation in Transgender Health". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton R and Keenan C. "LGBT Sexual and Reproductive Health Issues". California Family Health Council Women's Health Update. San Francisco, CA. April, 2013.

Gorton R. "Transgender Medicine". California AHEC Webinar. San Francisco, CA. April, 2013.

Gorton R. "Transgender Aging Issues". Institute on Aging Conference on LGBT

- Aging. San Francisco, CA. November, 2012.
- Gorton R and Branning N. "Transgender Primary Care". California Academy of Physician Assistants Annual Conference. Palm Springs, CA. October, 2012.
- Gorton R. "Primary care and Hormonal Treatment for Transgender Clients". Samuel Merritt University. Oakland, CA. June 2012.
- Gorton R. "Primary care and Hormonal Treatment for Transgender Clients" Grand Rounds for the VA Medical Center. San Francisco, CA. June 2012.
- Gorton R and Wertz K. "Transgender Health Care" Webinar for the California Family Health Council, San Francisco, CA. June, 2012.
- Eichenbaum J, Gorton R and May A. "Transgender Health, the VA, and Barriers to Care." San Francisco Veterans Administration Mental Health Services Grand Rounds. San Francisco, CA. May, 2012.
- Gorton R and Wertz K. "Working With GLBT Clients" California Family Health Council Webinar. Los Angeles, CA. May, 2011.
- Gorton R. "Improving Access to Transgender Health Care: Outcomes from Project HEALTH" World Professional Association for Transgender Health. Atlanta, GA. September, 2011.
- Gorton R and Wertz K. "Trailblazing for Transgender Health" Southern Comfort Conference. Atlanta, GA. September, 2011.
- Gorton R. "Nuts and Bolts of Transgender Primary Care" Gay and Lesbian Medical Association Annual Conference. Atlanta, GA. September, 2011.
- Gorton R. "Transgender Medicine and Cultural Competency" Kaiser Department of OB/Gyn Grand Rounds. San Francisco, CA. April, 2011.
- Gorton R. "Evidence Based Transgender Medicine" Opening Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.
- Green J and Members of the Center of Excellence for Transgender Health Medical Advisory Board. "Primary Care Protocols" Morning Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.
- Freshel K, Gorton R, Hansom C and Barnes A. "Communities Working Together to Become Culturally Competent" California State Rural Health

Association Conference. Sacramento, CA. November, 2010.

Gorton R, Spade D and Wilkinson W. "Transposium: Healthcare Access and Quality For Transgender Individuals" Shaking the Foundations: The West Coast Conference on Progressive Lawyering, Primary Care Associate Program, Stanford School of Law. Stanford CA. October, 2010.

Gorton R. "Improving Access to Transgender Healthcare: Outcomes from Project HEALTH (Harnessing Education, Advocacy, and Leadership for Transgender Health)" Gay and Lesbian Medical Association Annual Conference. San Diego, CA. September 2010.

Gorton R, Gould D and Wertz K. "Trailblazing for Transgender Health" National Gay and Lesbian Task Force Creating Change Conference. March 2010.

Gorton R. "Grand Rounds: Transgender Medicine" Highland General Hospital Department of Internal Medicine. Oakland, CA. January, 2010.

Gorton R. "Grand Rounds: Transgender Medicine" Kaiser Permanente Department of Internal Medicine. San Francisco, CA. December, 2009.

Keatley J and Gorton R. "Transgender Health Care Issues in California Today" Equality California and the California LGBT Legislative Caucus Briefing on LGBTI Health Care Issues. Sacramento, CA. December 2009.

Ehrbar R, Winters K, and Gorton R. "Revision Suggestions for Gender Related Diagnoses in the DSM and ICD" WPATH XXI Biennial Symposium. Oslo, Norway. June, 2009.

Gorton R. "A Place at the Table" American College Health Association Annual Meeting. San Francisco, CA. May, 2009.

Famula M, Hall A, Pardo S, Gorton R. "Providing Trans-Specific Health Care to Transgender Students in the College Setting." American College Health Association Annual Meeting. San Francisco, CA. May, 2009.

Gorton R. "Transgender Health" American Medical Student Association: Regional Conference. Lubbock, TX. March, 2009.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine" Equality and Parity II: A Statewide Action for Transgender HIV Prevention and Care. Los Angeles, CA, January 2009.

Gorton R. "Transgender Medicine 101" AMSA Regional Conference. Lubbock,

TX. December, 2008.

Gorton R, Djordjevic M, and Brownstein M. "Female to Male (FTM) Health Update" (Provider Session) The 7th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.

Gorton R. "FTM Hormones 201." (Community Session) The 7th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.

Green J, Gorton R, Razza R, and Tamar-Mattis A, "Healthcare and Access Issues Panel." University of California Hastings College of the Law Transposium Conference. April 2008.

Arkles G, Gorton R, Sanchez D, Suarez C. "Trans Issues in Health Care Panel." Harvard Law School Lambda Legal Advocacy Conference. February 2008.

Gorton N, Thaler C, and Keisling M. "Drawing the Curtain: An Overview of Medical Privacy Protections and Risks for Transgender Patients and Providers " WPATH Symposium, 2007, Chicago.

Gorton R. "Transgender Medicine 2007: A Medical Ethics and Evidence Based Paradigm Shift." (Provider Session) The 6th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "FTM Hormones 201." (Community Session) The 6th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "FTM Hormonal Treatment: Beyond 101." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "Transgender Healthcare in 2007: Its Time to Take it Seriously." Humboldt State University 13th Annual Diversity Conference and Education Summit. Arcata CA. March 2007.

Spade D, Gehi P, Arkles G, and Gorton R. "Barriers to health care access for transpeople." UCLA School of Law, Williams Institute Annual Update. Los Angeles, CA. February 2007.

Marksamer J and Gorton R. "Legal Support and Advocacy for Transgender Youth and Their Families." Gay and Lesbian Medical Association Annual

Conference. San Francisco, CA. October 2006.

Gorton R. "Hormone Therapy 101." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Hormone Therapy 201." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Transgender Medicine." California Department of Health Early Intervention Program Statewide Conference. May 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." (Provider Session) The 5th Annual Mazzone Center Trans-Health Conference. Philadelphia, PA. March 2006.

Gorton R. "Health Maintenance for Transgender Men." (Community Session) The 5th Annual Mazzone Center Trans-Health Conference. Philadelphia, PA. March 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." The 23rd Annual Conference of the Gay and Lesbian Medical Association. Montreal, Canada. September, 2005.

Spade, D, and Gorton R. "Medical-Legal Policy Update in the Quest for Trans Health Care and Justice." The 23rd Annual Conference of the Gay and Lesbian Medical Association. Montreal, Canada. September, 2005.

Arkles Z, and Gorton R. "Medical-legal Collaboration in the Quest for Trans Health Care and Justice" The 19th Biennial Symposium of the Harry Benjamin International Gender Dysphoria Association. Bologna, Italy. April, 2005.

Professional Advocacy

Supported as physician member of the American Medical Association for adoption of inclusive language for transgender people within AMA policy. "Recommendations to Modify AMA Policy to Ensure Inclusion for Transgender Physicians, Medical Students and Patients." Accepted by the AMA Board of Delegates July 2007. See "AMA Meeting: Anti-discrimination policy extended to transgendered." AMA News July 16, 2007. <http://www.ama-assn.org/amednews/2007/07/16/prsk0716.htm>. Policy amendment available at:

<http://www.ama-assn.org/ama1/pub/upload/mm/467/bot11a07.doc>

Authored and proposed with Vernon A, and Maxey K. *Resolution to amend the American College of Emergency Physicians 'Code of Ethics for Emergency Physicians.'* Accepted as policy October 2005. Now reads (amended language underlined): "Provision of emergency medical treatment should not be based on gender, age, race, socioeconomic status, sexual orientation, real or perceived gender identity, or cultural background."

Awards

Claire Skiffington Vanguard Award. Transgender Law Center. San Francisco, CA.
2012.

Sex, Gender Dysphoria, and Alabama Driver's License Policy

Expert Report of R. Nicholas Gorton, M.D., on behalf of Plaintiffs in *Corbitt v. Taylor*, 2:18-cv-00091-MHT-GMB (U.S. District Court, Middle District of Alabama, Northern Division)

Gorton
DEFENDANT'S
EXHIBIT 2
12/19/18

Purpose:

The purpose of this report is to provide information about sex, gender dysphoria and its treatment, and the impact on transgender individuals of being unable to obtain a driver's license consistent with their gender identity. Policy Order 63 is not consistent with medical understandings of sex or gender identity and compromises the mental health and physical safety of people with gender dysphoria.

Qualifications:

I am a physician licensed in California. I received my medical degree from the University of North Carolina School of Medicine in 1998 and completed my residency and chief residency in emergency medicine at Kings County Hospital in Brooklyn, New York.

In addition to working as an Emergency Medicine physician at Sutter Davis Hospital, for over a decade I have also served as a primary care physician at Lyon-Martin Health Services ("Lyon-Martin") in San Francisco since 2005 where I have provided primary care and transition-related care to more than 400 transgender patients. I provide medical assessments including the diagnosis of Gender Dysphoria, initiate and monitor hormonal treatment, and refer for mental health treatments. I also determine whether and when patients are appropriate for referral for sex reassignment surgeries, provide pre-operative preparation and clearance, and provide post-operative care in consultation with the appropriate surgeon. I also provide supervision to Nurse Practitioners and Physician Assistants treating transgender patients at Lyon-Martin. Lyon-Martin is an historically LGBT clinic that has been serving transgender patients for over 30 years. Lyon-Martin is also one of just a handful of sites in the United States that trains medical students, residents, and fellows to provide transgender primary care, and I have been a primary clinical instructor for these trainees including the 1 year Nurse Practitioner Residency that Lyon-Martin has developed. I have provided extensive clinical instruction to over 100 trainees during this time.

I also serve as a clinician consultant for TransLine¹, a national transgender medical consultation service for clinicians needing expert advice about the care of their individual patients. I am a member of the World Professional Association for Transgender Health (WPATH) and serve on their transgender medicine and research committee and institutionalized persons committee.

I have presented lectures and grand rounds on transgender health issues at numerous medical school and residency programs throughout the United States as well as national and international conferences. I have also co-authored numerous publications addressing transgender health, including professional journal articles and chapters and sections in professional texts, and publications aimed at the transgender community itself. I have been retained as an expert regarding gender dysphoria and the treatment of gender dysphoria in multiple court cases and administrative proceedings. I was deposed as an expert in the following cases over the past four years: *Edmo v. Idaho Dept. of Corrections* 1:17-cv-00151 (U.S. District Court, District of Idaho); *Cruz v. Zucker*, 14 CV-4456 (U.S. District Court, Southern District of New York) and *Keohane v. Jones*, 4:16-cv-00511 (U.S. District Court, Northern District of Florida).

I am not charging a consulting fee in this case.

¹<http://project-health.org/transline/>

A copy of my *Curriculum Vitae* is attached.

Definitions:

Sex is the sum of the anatomical, physiological, and biologically functional characteristics of an individual that places them in the categories male, female, or along a spectrum between the two. In the majority of instances, these characteristics are congruent allowing individuals to be easily described as male or female. However, in some cases such as intersex and transgender people, individuals reside along a spectrum between the two.

Gender identity is the internal sense of oneself as male, female, or somewhere along the spectrum between the two, or, as in the case of agender individuals, external to this spectrum. It should be noted that gender identity, being a product of the central nervous system, should be considered one of the characteristics when describing the sex of an individual.

Non-binary gender identity is the gender identity of a minority of transgender people and those diagnosed with Gender Dysphoria. Their gender identity is neither typically male or female. In some jurisdictions, these patients are allowed a non-binary sex designation on their identity documents instead of M or F.

Gender expression is the clothing, grooming, mannerisms, and other behaviors that signal to others our gender.

Sex assigned at birth is the sex to which typically an obstetrician, pediatrician, or midwife assigns a newborn which is recorded on their birth certificate (or records no sex at the time of birth due to an intersex condition).

Transgender is used to describe individuals whose sex assigned at birth is different than their gender identity.

Gender Dysphoria (GD), like Depression is both a diagnosis and the predominant symptom of that diagnosis. The symptom of gender dysphoria is the psychological distress one feels when there is a conflict between one's internal gender identity and both one's physical body and how one is perceived and treated by others in society. Like depression, this can range from being mild to severe emotional distress. It should be noted that not all people who are transgender carry the diagnosis of Gender Dysphoria.

Sex Reassignment Surgery (SRS), A/K/A Gender Affirming Surgery, Gender-Confirming Surgery, or Gender Reassignment Surgery are a class of surgical procedures performed for patients with gender dysphoria to align their physical bodies in accordance with their Gender Identity.

Hormone Replacement Therapy (HRT) is the provision of sex hormones (and sometimes sex hormone antagonists) to change the body of transgender people to better conform to their gender identity.

Misgendering is when transgender people are addressed either accidentally or intentionally with the wrong pronoun or with the patient's prior name (generally their birth name). This action causes significant negative mental health consequences for transgender people and can worsen their gender dysphoria.

Social transition is when transgender people live and present themselves authentically as the gender corresponding to their gender identity. This can include using a new chosen name and pronouns, wearing different clothing, changing grooming practices, and in general interacting with society as the gender corresponding to their gender identity.

Identity Documents and their Importance to individuals with Gender Dysphoria:

Transgender people who are diagnosed with Gender Dysphoria may, as part of their prescribed medical treatment plan, change their legal name and their gender marker on official documents such as driving license, passport, birth certificate, and social security card. This process of changing identity documents has profound health benefits for patients with gender dysphoria as well as significant social, legal, and safety implications for transgender people navigating the world in accordance with their gender identity.

Misgendering (defined above) has profound and sometimes life threatening negative mental health consequences for transgender people. For example, a recent study demonstrated that in adolescent and young adult transgender patients, use of their chosen name and the correct pronoun significantly decreased depression, suicidal ideation, and suicide attempts.² When transgender people are able to present identification that corresponds to their gender identity and expression in the numerous situations that require it, they are protected from misgendering and its negative health outcomes. As noted in a *Lancet Psychiatry* article, "transphobia and being misgendered can have a multiple layered negative intersection on every aspect of life."³ Misgendering patients in health care settings has been associated with avoidance of necessary medical care in multiple studies.^{4,5,6}

Moreover transgender people who lack appropriate identity documents often avoid situations that require them to use these documents to avoid misgendering and negative treatment due to being outed. For example, patients may avoid travelling by plane, applying for employment, applying for public benefits, filling prescriptions, purchasing alcohol, applying to and attending college, checking into a hotel, renting a car, voting, opening and using a checking account, using a credit or bank card, travelling internationally, and numerous other things that most of us take for granted. I have had patients report each of these things to me, some many times. Being unable to safely do these activities has far-reaching effects such as increasing risks

²Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*.

³Morgan, J. (2015). Trans* health: "diversity, not pathology". *The Lancet Psychiatry*, 2(2), 124-125.

⁴Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348-361.

⁵Brown, J. F., & Fu, J. (2014). Emergency department avoidance by transgender persons: another broken thread in the "safety net" of emergency medicine care. *Annals of emergency medicine*, 63(6), 721-722.

⁶Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Annals of emergency medicine*, 63(6), 713-720.

of homelessness. The US Transgender Survey (USTS) found 30% of transgender people had been homeless at some point in their lives, likely related to having more than three times the US unemployment rate and more than double the rates of poverty.⁷ Even when transgender people are homeless, they may be unable to access shelters if they lack identity documents.

It should also be noted that my patients have reported avoidance of situations requiring the use of identity documents not just due to fear of what may happen in the future, but because of prior discrimination and sometimes violence they have encountered. Unfortunately, transgender people when they are outed as being transgender face starkly increased rates of interpersonal violence. The USTS found that in the prior year 9% of respondents had been physically attacked because they were transgender and 10% had been raped. The USTS also noted that among transgender people who were perceived as transgender, the rate of being a victim of violence was almost three times as high as those who were not perceived as transgender. Thus being outed by presenting incongruent identity documents not only has serious negative mental health consequences, but also places transgender people in grave physical danger.

Finally, in the case of transgender people who are diagnosed and treated for Gender Dysphoria (GD), presenting identity documents that do not correspond to their gender presentation, a prescribed part of their treatment, are faced with the decision to avoid use of these documents or have to reveal their private medical history every time they do. This is medically inappropriate. Patients deserve privacy and forcing them to choose between this and using an identity document is unethical.

Determining correct gender marker for identity documents:

Many transgender people who are diagnosed with GD have medical treatment in the form of hormone replacement therapy (HRT). This provides a range of physical and physiological changes that make the individual's body better reflect their internal gender identity. Many also undergo one or more surgeries to meet that same goal. However many is not all transgender patients. Moreover medical need, ability to access care, and clinical appropriateness of these treatments in no way reflects an individual's gender identity or how they should be treated by others. So the care of transgender people, like all other patients must be individualized. No one would suggest that all diabetics need treatment with insulin, and in the same way not all people with GD need HRT or sex reassignment surgery (SRS).

For example, in the case of HRT, some transgender people do not require it (or at least don't require it on an ongoing basis) to successfully transition and treat their gender dysphoria. In addition, for some patients with GD, HRT may be medically contraindicated. For example, a transgender woman who has a hereditary thrombophilia resulting in an increased risk of blood clots would be placed at higher risk of development of these clots by standard HRT. In some cases, careful and low dose HRT is still needed to treat their GD, but in some cases it is not. Similarly, transgender women who are carriers of a breast cancer gene mutation would be at substantially increased risk of cancer if they underwent standard HRT. Thus a requirement for a

⁷James, S. E., & Herman, J. (2017). *The Report of the 2015 US Transgender Survey: Executive Summary*. National Center for Transgender Equality.

transgender woman to undergo HRT in order to change her identity document would place some patients at risk of serious illness and death.

Similarly, surgical treatments must also be individualized. While laymen might think that there is “one surgery” that defines an individual as having “changed their sex,” the truth is far more complicated. There are dozens of possible procedures that transgender people can undergo, and no single patient undergoes all of the ones possible for their gender. Some people with GD require multiple SRS procedures on multiple body sites, while some may require only one or two, and some none at all to successfully treat their GD. It should be remembered that the goal of treatment of GD is to relieve the dysphoria, not accomplish a laundry list of treatments that may in fact be ill advised in some patients.

Moreover, similarly to HRT, for some patients certain surgeries (or any surgery at all) may be medically contraindicated. One benefit of genital SRS for transgender men is the ability to stand to urinate. In the case of a transgender man who is a paraplegic he would not realize this benefit of SRS. Given that the risk of genital SRS in a paraplegic would also be far greater, the benefits might not justify the risks and surgery would not be undertaken. Similarly, a transgender man who had prior pelvic radiation for childhood cancer would be at significantly greater risk of surgical complications which might preclude safely performing genital SRS. These patients might have their GD treated successfully with just HRT and mastectomy with chest reconstruction. Similarly, some people by virtue of coexisting medical issues are at very high risk of undergoing anesthesia for any surgery. While they might benefit from surgery, this must be weighed against the risks and an individualized treatment plan developed. Mandating a genital surgery to obtain identity documents would place all of these patients in the situation of choosing between the substantial negative consequences detailed above that come with not having appropriate identity documents and the risks of serious complications or even death that may be the result of an ill-advised surgery to fulfill administrative requirements.

Finally, it should be remembered that most genital surgeries in people with GD results in permanent infertility. While this is an unfortunate though acceptable side effect to many transgender people for their treatment, just as it might be for people with cancer, it should only be undertaken when the health benefits of treatment outweigh the risks. Having forced sterilization as an administrative requirement for obtaining proper identity documents is morally wrong and harkens back to the era of forced sterilization in which over 60,000 Americans were sterilized without their consent in the first half of the twentieth century. The American College of Obstetricians and Gynecologists Committee on Ethics has issued clinical guidance that states: “Coercive or forcible sterilization practices are unethical and should never be performed.”⁸ In May 2014, the World Health Organization, the Office of the United Nations High Commissioner for Human Rights, UN Women, UNAIDS, UNDP, UNFPA, and UNICEF published a joint interagency statement: *Eliminating forced, coercive and otherwise involuntary sterilization*.⁹ This report states: “In many countries, transgender and often also intersex persons are required to undergo sterilization surgeries that are often unwanted, as a prerequisite to receiving gender affirmative treatment and gender-marker changes.” The report also notes: “these sterilization requirements run counter to respect for bodily integrity, self-determination and human dignity, and can cause and perpetuate discrimination against transgender and intersex persons” and it

⁸ American College of Obstetricians and Gynecologists Committee Opinion Number 695. “Sterilization of Women: Ethical Issues and Considerations”, April 2017.

⁹ World Health Organization. (2014). *Eliminating forced, coercive and otherwise involuntary sterilization: An interagency statement*, OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO.

recommends: “the revision of laws to remove any requirements for compulsory sterilization of transgender persons.”

Given these clinical complexities, it is scientifically inaccurate, clinically inappropriate, and unethical to require a set of medical and surgical procedures to define who should be provided with appropriate identity documentation. It also places transgender people at risk of the dangerous mental health consequences of misgendering and the greater risk of interpersonal violence when their transgender identity is revealed by inappropriate documents.

Most jurisdictions have abandoned surgery requirements:

Given the individual medical needs of individuals with Gender Dysphoria, conditioning a gender marker change on a particular treatment will fail to appropriately serve all transgender people. Thus most jurisdictions have moved away from surgery requirements and defer to the determination of patients and their health care providers.¹⁰

Four states and the District of Columbia allow transgender people to certify their own gender and 30 states require a certification from a healthcare provider to be allowed to change gender markers on drivers licenses, with no particular surgery or treatment being required.

Requiring Genital SRS to Change a Gender Marker Would Not Result in Everyone with the Same Gender Marker Having the Same Anatomical Characteristics.

The use of genital SRS as a criterion in Policy Order 63 demonstrates a lack of understanding of the biological characteristics and clinical determinations relevant to sex, and would not yield consistency in the physical characteristics of people designated as having the same sex. If genital anatomy is the only determinant, does a male lose his right to have an M on his identification if he has a penectomy or orchiectomy for cancer? Is a person born with an intersex condition that has genitals that are neither characteristically male nor female simply not allowed a sex designation at all? Because of intersex conditions, traumatic injuries, and medical treatments for various conditions, a significant number of people assigned a female sex at birth who have not undergone genital SRS nonetheless do not have female-typical genital anatomy or other female-typical anatomy, and a significant number of people assigned a male sex at birth who have not undergone genital SRS nonetheless do not have male-typical genital anatomy or other male-typical anatomy.

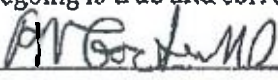
¹⁰ National Center for Transgender Equality ID Documents Center. Retrieved September 30 from <https://transequality.org/documents>

Conclusion:

Policy order 63 provides no medical or scientific justification for that decision.

Were Alabama to decide to choose the route that is most clinically appropriate, they would adopt policies such as those in OR, DC, and CA: transgender individuals submit a form where they certify their gender, the genders allowed are three: male, female, and none or non-binary, and their identity document is changed based on the patients affirmation. Failing self-affirmation, the next best option is to rely on certification by any of a range of medical or mental health providers who are treating patients with GD.

Pursuant to 28 U. S. C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.



R. Nicholas Gorton, M.D.

10/3/18
Date

Ryan Nicholas Gorton, MD, DABEM

[REDACTED] Davis CA 95616

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[REDACTED] (home)
[REDACTED]

Professional Practice

February 2005 – Current Emergency Medicine Physician
Sutter Davis Hospital
Davis, CA

July 2002 – February 2005 Emergency Medicine Physician
St Tammany Parish Hospital
Covington, LA

Professional Practice: Volunteer Activities

March 2005 – Current Primary Care Provider and Clinical Instructor
Lyon-Martin Health Services
San Francisco, CA.

August 2005 – February 2006 Acting Medical Director
Lyon-Martin Health Services
San Francisco, CA.

September 2008 – Current Executive Committee Member and Lecturer
Project HEALTH <http://www.project-health.org/>
San Francisco, CA.

January 2011 – Current Consultant TransLine National Clinical Consultation Line

Medical-Legal Consultant: Sylvia Rivera Law Project, New York, NY
Lambda Legal Defense and Education Fund, Inc., New York, NY
Transgender Law Center, San Francisco, CA
National Center for Lesbian Rights. San Francisco, CA
Northwest Justice Project, Seattle, WA
The Legal Aid Society, New York, NY
National Center for Transgender Equality, Washington, DC
TGI Justice Project, Oakland, CA.
ACLU Florida

Post Graduate Training

June 2001 – June 2002 Chief Resident, Department of Emergency Medicine
Kings County Hospital Center/SUNY Downstate
Brooklyn, NY

July 1998 – June 2002 Emergency Medicine Residency
Kings County Hospital Center/SUNY Downstate
Brooklyn, NY

Education

August 1994 – May 1998 Doctor of Medicine
University of North Carolina School of Medicine
Chapel Hill, NC

August 1988 – August 1991 Bachelor of Science in Biochemistry, Summa Cum Laude
North Carolina State University
Raleigh, NC

Professional Affiliations

World Professional Association for Transgender Health (formerly HBGDA)

- ◆ Transgender Medicine and Research Committee
- ◆ Institutionalized Persons Committee

University of California at San Francisco Center of Excellence for Transgender Health

- ◆ Medical Advisory Board 2010-2013 (during development of original Primary Care Protocols)

American Medical Association

- ◆ GLBT Advisory Committee 2009-2011

Gay and Lesbian Medical Association

- ◆ LGBT Medical Experts Panel

Licensure/Certification

Nov 2003 – Present Diplomate American Board of Emergency Medicine
Nov 2004 – Present CA State Medical License A89440
Feb 2002 – 2009 LA State Medical License 14466R
June 2001 – 2010 NY State Medical License 221808

Publications and Papers

Gorton, R, and Berdahl, C. *Improving the Quality of Emergency Care for Transgender Patients. Annals of emergency medicine.* 71(2): 189-192. 2018.

Gorton, R, and Erickson-Schroth, L. *Hormonal and Surgical Treatment Options for FTMs.* Psychiatric Clinics of North America. Psychiatric Clinics of North America. 40(1): 79-97. 2017.

Gorton, R, and Jaffe, J.M., *Transline Medical Consultation Service: Four Years of Clinician Support.* USPATH Poster Presentation: February, 2017.

Ingram, N., Pratt V., and Gorton, R. *Counting trans* patients: A Community Health Center Case Study.* TSQ: Transgender Studies Quarterly.

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- Gorton, R and Grubb, M. (2014), General, Sexual, and Reproductive Health In Erickson-Schroth, L (Ed) *Trans Bodies, Trans Selves: A Resource for the Transgender Community*. New York, NY: Oxford University Press.
- Gorton R. Transgender as Mental Illness: Nosology, Social Justice, and the Tarnished Golden Mean. In Stryker S and Aizura A (Eds.), *The Transgender Studies Reader, Vol 2*. New York, NY Taylor and Francis. 2013.
- Ehrbar R, Gorton R, and Winters K. Sugerencias para la revisión de los diagnósticos relacionados con el genero en el DSM y el CIE. In Miquel Missé and Gerard Coll-Planas (Eds.), *El Género Desordenado - Críticas en torno a la patologización de la transexualidad*. Madrid: EGALES. 2010.
- Ehrbar R, and Gorton R. *Exploring Provider Treatment Models in Interpreting the Standards of Care*. International Journal of Transgenderism, 12(4):198-210. 2010.
- Pittsburgh Transgender Health Research Summer Institute: *A Review and Guidance for Future Research—Proceedings from the Summer Institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh t*. International Journal of Transgenderism, 12(4):211-229. 2010.
- Haraldsen I, Ehrbar R, Gorton R, and Menvielle E. *Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adolescents*. International Journal of Transgenderism, 12(2):75-79. 2010.
- Gorton R. *Transgender Health Benefits: Collateral Damage in the Resolution of the National Health Care Financing Dilemma*. Sexuality Research and Social Policy: Journal of NSRC. 4(4):81-91. Dec 2007.
- Gorton R. *Health Care and Insurance Issues for Transgender Persons*. American Family Practitioner. 74(12):2022. December 2006. <http://www.aafp.org/afp/20061215/letters.html>
- Gorton R. *Current Summary of the Medical Knowledge Base and Current Clinical Standards Surrounding the Treatment of Patients with Gender Identity Disorder*. Report prepared for the Lambda Legal Defense Fund. May 2005.
- Gorton R, Buth J, and Spade D. *Medical Therapy and Health Maintenance for Transgender Men: A Guide For Health Care Providers*. Lyon-Martin Women's Health Services. San Francisco, CA. 2005.

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Gorton R. *A Critical Analysis of the Hayes Report: "Sex Reassignment Surgery and Associated Therapies for Treatment of GID."* Report prepared for the Lambda Legal Defense Fund. May 2005.

Greenberg's Text Atlas of Emergency Medicine, Michael Greenberg Ed. Lippincott Williams & Wilkins. ISBN 0-7817-4586-1 2004. Contributing Author: Chapter 4 – Eyes/Ophthalmic.

Gorton R. "Toward a Resolution of GID, the Model of Disease, and the Transgender Community." MAKE. March 2005.
<http://www.makezine.org/giddisease.htm>

Sinnert R, et al, Gorton R. "The ratio of ionized calcium to magnesium modifies the bronchodilatory effects of magnesium therapy in acute asthma." *Acad Emerg Med* 2002 9(5) 436-437.

Morris D, Rosamond W, Hinn A, Gorton R. "Time delays in accessing stroke care in the emergency department." *Acad Emerg Med* 1999 Mar; 6(3) 218-23.

Rosamond W, Gorton R, Hinn A, Hohenhaus S, Morris D. "Rapid response to stroke symptoms: the Delay in Accessing Stroke Healthcare (DASH) study." *Acad Emerg Med* 1998 Jan; 5(1) 45-51.

Selected Conference Presentations and Invited Talks

Gorton, R. Genital Gender Affirming Surgery for the Transgender Patient: A Didactic and Hands-on Fresh Cadaver-Based Course: "Hormone Replacement for Transgender Patients". American Urological Association 2018. San Francisco, CA. May, 2018.

Gorton, R, Jaffe, JM, Tescher, J, and Baker, K. "Mini-Symposium: As California Goes, So Goes the Nation (Hopefully)". USPATH. February, 2017.

Gorton, R. Sessuion Moderator. USPATH Symposium. San Francisco CA. February, 2017.

Gorton, R. "Acute and Long Term Complications of Silicone Pumping: Primary, Secondary, and Tertiary Prevention". WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton, R, Ettner, R, Brown, G, Bermudez, F, Orthwein, J and Mazur, T. "Orange isn't the New Black (Yet)". WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton R. "Transgender Patient Care in the Emergency Department". American

Academy of Emergency Medicine Scientific Assembly. Las Vegas, Nevada. February 2016.

Gorton R. "Transgender Patients in the Emergency Department". Stanford University Department of Emergency Medicine SimWars. Stanford, CA. February 2016.

Gorton R. "History of Transgender Medicine". UCSF School of Medicine Transgender Health elective. San Francisco, CA. February 2016.

Gorton R. "Free Silicone Complications and Management". National Transgender Health Summit. Oakland, CA. April 2015.

Gorton R. "History of Transgender Medicine". UCSF School of Medicine Transgender Health elective. San Francisco, CA. March 2015.

Gorton R. "Transgender Healthcare". UC Davis School of Medicine. Sacramento, CA. December 2015.

Gorton R. "Engaging and Retaining Transgender Patients in Ongoing Primary Care". National Association of Community Health Centers Health Institute and Expo. San Diego, CA. August 2014.

Gorton R. "Sexual and Reproductive Health: A Focus on Transgender Patients". California Family Health Council. Webinar. March 2014.

Gorton, R, Green, J and Tescher, J. "California Dreaming: Two Decades of Change in Health Insurance Law and Policy". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Chung, C. "From Grassroots Health Advocacy to Expanding Clinician Competency: Project HEALTH (Harnessing Education, Advocacy & Leadership for Transgender Health)". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Tescher, J. "Minding the Gap: Development and Implementation of a Clinical Rotation in Transgender Health". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton R and Keenan C. "LGBT Sexual and Reproductive Health Issues". California Family Health Council Women's Health Update. San Francisco, CA. April, 2013.

Gorton R. "Transgender Medicine". California AHEC Webinar. San Francisco, CA. April, 2013.

Gorton R. "Transgender Aging Issues". Institute on Aging Conference on LGBT

Aging. San Francisco, CA. November, 2012.

Gorton R and Branning N. "Transgender Primary Care". California Academy of Physician Assistants Annual Conference. Palm Springs, CA. October, 2012.

Gorton R. "Primary care and Hormonal Treatment for Transgender Clients". Samuel Merritt University. Oakland, CA. June 2012.

Gorton R. "Primary care and Hormonal Treatment for Transgender Clients" Grand Rounds for the VA Medical Center. San Francisco, CA. June 2012.

Gorton R and Wertz K. "Transgender Health Care" Webinar for the California Family Health Council. San Francisco, CA. June, 2012.

Eichenbaum J, Gorton R and May A. "Transgender Health, the VA, and Barriers to Care." San Francisco Veterans Administration Mental Health Services Grand Rounds. San Francisco, CA. May, 2012.

Gorton R and Wertz K. "Working With GLBT Clients" California Family Health Council Webinar. Los Angeles, CA. May, 2011.

Gorton R. "Improving Access to Transgender Health Care: Outcomes from Project HEALTH" World Professional Association for Transgender Health. Atlanta, GA. September, 2011.

Gorton R and Wertz K. "Trailblazing for Transgender Health" Southern Comfort Conference. Atlanta, GA. September, 2011.

Gorton R. "Nuts and Bolts of Transgender Primary Care" Gay and Lesbian Medical Association Annual Conference. Atlanta, GA. September, 2011.

Gorton R. "Transgender Medicine and Cultural Competency" Kaiser Department of OB/Gyn Grand Rounds. San Francisco, CA. April, 2011.

Gorton R. "Evidence Based Transgender Medicine" Opening Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.

Green J and Members of the Center of Excellence for Transgender Health Medical Advisory Board. "Primary Care Protocols" Morning Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.

Freshel K, Gorton R, Hansom C and Barnes A. "Communities Working Together to Become Culturally Competent" California State Rural Health

Association Conference. Sacramento, CA. November, 2010.

Gorton R, Spade D and Wilkinson W. "Transposium: Healthcare Access and Quality For Transgender Individuals" Shaking the Foundations: The West Coast Conference on Progressive Lawyering, Primary Care Associate Program, Stanford School of Law. Stanford CA. October, 2010.

Gorton R. "Improving Access to Transgender Healthcare: Outcomes from Project HEALTH (Harnessing Education, Advocacy, and Leadership for Transgender Health)" Gay and Lesbian Medical Association Annual Conference. San Diego, CA. September 2010.

Gorton R, Gould D and Wertz K. "Trailblazing for Transgender Health" National Gay and Lesbian Task Force Creating Change Conference. March 2010.

Gorton R. "Grand Rounds: Transgender Medicine" Highland General Hospital Department of Internal Medicine. Oakland, CA. January, 2010.

Gorton R. "Grand Rounds: Transgender Medicine" Kaiser Permanente Department of Internal Medicine. San Francisco, CA. December, 2009.

Keatley J and Gorton R. "Transgender Health Care Issues in California Today" Equality California and the California LGBT Legislative Caucus Briefing on LGBTI Health Care Issues. Sacramento, CA. December 2009.

Ehrbar R, Winters K, and Gorton R. "Revision Suggestions for Gender Related Diagnoses in the DSM and ICD" WPATH XXI Biennial Symposium. Oslo, Norway. June, 2009.

Gorton R. "A Place at the Table" American College Health Association Annual Meeting. San Francisco, CA. May, 2009.

Famula M, Hall A, Pardo S, Gorton R. "Providing Trans-Specific Health Care to Transgender Students in the College Setting." American College Health Association Annual Meeting. San Francisco, CA. May, 2009.

Gorton R. "Transgender Health" American Medical Student Association: Regional Conference. Lubbock, TX. March, 2009.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine" Equality and Parity II: A Statewide Action for Transgender HIV Prevention and Care. Los Angeles, CA, January 2009.

Gorton R. "Transgender Medicine 101" AMSA Regional Conference. Lubbock,

TX. December, 2008.

Gorton R, Djordjevic M, and Brownstein M. "Female to Male (FTM) Health Update" (Provider Session) The 7th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.

Gorton R. "FTM Hormones 201." (Community Session) The 7th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.

Green J, Gorton R, Razza R, and Tamar-Mattis A, "Healthcare and Access Issues Panel." University of California Hastings College of the Law Transposium Conference. April 2008.

Arkles G, Gorton R, Sanchez D, Suarez C. "Trans Issues in Health Care Panel." Harvard Law School Lambda Legal Advocacy Conference. February 2008.

Gorton N, Thaler C, and Keisling M. "Drawing the Curtain: An Overview of Medical Privacy Protections and Risks for Transgender Patients and Providers" WPATH Symposium, 2007, Chicago.

Gorton R. "Transgender Medicine 2007: A Medical Ethics and Evidence Based Paradigm Shift." (Provider Session) The 6th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "FTM Hormones 201." (Community Session) The 6th Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "FTM Hormonal Treatment: Beyond 101." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "Transgender Healthcare in 2007: Its Time to Take it Seriously." Humboldt State University 13th Annual Diversity Conference and Education Summit. Arcata CA. March 2007.

Spade D, Gehi P, Arkles G, and Gorton R. "Barriers to health care access for transpeople." UCLA School of Law, Williams Institute Annual Update. Los Angeles, CA. February 2007.

Marksamer J and Gorton R. "Legal Support and Advocacy for Transgender Youth and Their Families." Gay and Lesbian Medical Association Annual

Conference. San Francisco, CA. October 2006.

Gorton R. "Hormone Therapy 101." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Hormone Therapy 201." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Transgender Medicine." California Department of Health Early Intervention Program Statewide Conference. May 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males."
(Provider
Session) The 5th Annual Mazzone Center Trans-Health Conference.
Philadelphia, PA. March 2006.

Gorton R. "Health Maintenance for Transgender Men." (Community Session) The
5th
Annual Mazzone Center Trans-Health Conference. Philadelphia, PA.
March
2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." The 23rd
Annual Conference of the Gay and Lesbian Medical Association. Montreal,
Canada. September, 2005.

Spade, D, and Gorton R. "Medical-Legal Policy Update in the Quest for Trans
Health
Care and Justice." The 23rd Annual Conference of the Gay and Lesbian
Medical Association. Montreal, Canada. September, 2005.

Arkles Z, and Gorton R. "Medical-legal Collaboration in the Quest for Trans
Health
Care and Justice" The 19th Biennial Symposium of the Harry Benjamin
International Gender Dysphoria Association. Bologna, Italy. April, 2005.

Professional Advocacy

Supported as physician member of the American Medical Association for adoption of inclusive language for transgender people within AMA policy. "Recommendations to Modify AMA Policy to Ensure Inclusion for Transgender Physicians, Medical Students and Patients." Accepted by the AMA Board of Delegates July 2007. See "AMA Meeting: Anti-discrimination policy extended to transgendered." AMA News July 16, 2007.
<http://www.ama-assn.org/amednews/2007/07/16/prsk0716.htm>.
Policy amendment available at:

<http://www.ama-assn.org/ama1/pub/upload/mm/467/bot11a07.doc>

Authored and proposed with Vernon A, and Maxey K. *Resolution to amend the American College of Emergency Physicians 'Code of Ethics for Emergency Physicians.'* Accepted as policy October 2005. Now reads (amended language underlined): "Provision of emergency medical treatment should not be based on gender, age, race, socioeconomic status, sexual orientation, real or perceived gender identity, or cultural background."

Awards

Claire Skiffington Vanguard Award. Transgender Law Center. San Francisco, CA. 2012.

Sinclair, Win

From: Gabriel Arkles <garkles@aclu.org>
Sent: Monday, November 26, 2018 2:52 PM
To: Chynoweth, Brad
Cc: Sinclair, Win; Randall Marshall; Brock Boone
Subject: supplemented expert disclosures and deposition scheduling
Attachments: Pls Experts Disclosures Supp.pdf

Hi Brad,

Please find attached our supplemented expert disclosures in response to your objections. Dr. Gorton is available for a deposition in Davis or Sacramento, California on December 12 or, if he can finish by 4:30pm, on December 19. If you would prefer to do the deposition earlier in the month, he could also do December 4, 6, or 7. Thank you.

Gabriel Arkles, Senior Staff Attorney

Pronouns: he, him

Lesbian, Gay, Bisexual, Transgender & HIV Project

American Civil Liberties Union Foundation

125 Broad St., New York, NY 10004

(212) 549-2569

garkles@aclu.org



This e-mail message is intended only for the named recipient above, and may contain information that is confidential or privileged. If you are not the intended recipient, please advise the sender immediately by reply e-mail and delete this message and any attachments without retaining a copy.



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

DARCY CORBITT, DESTINY CLARK, and)
JOHN DOE,)

Plaintiffs,)

v.)

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

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.)

**NOTICE TO TAKE THE VIDEO DEPOSITION OF
RYAN NICHOLAS GORTON, MD**

PLEASE TAKE NOTICE that pursuant to Rule 30 of the Federal Rules of Civil Procedure, Hal Taylor, Charles Ward, Deena Pregno, and Jeannie Eastman, Defendants in this matter, will take the deposition of **Ryan Nicholas Gorton, MD** before an officer authorized to administer oaths on **Wednesday, December 19, 8:00 a.m. (PST)** at **Regus, 500 Capitol Mall, Suite 2350, Sacramento, California 95814**. The deposition will be recorded stenographically by a court reporter and will also be recorded by a videographer. This examination will be subject to further continuance from time to time and place to place until completed, not to exceed 7 hours absent agreement of the parties.



Respectfully submitted,

Steve Marshall
Attorney General

By:

/s Brad A. Chynoweth
Brad A. Chynoweth (ASB-0030-S63K)
Winfield J. Sinclair (ASB-1750-S81W)
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Counsel for Defendants

CERTIFICATE OF SERVICE

I certify that on December 10, 2018, I served the foregoing electronically to all counsel of record.

/s Brad A. Chynoweth
Counsel for Defendants

DOC. 48-13

Exhibit 11a

Deposition Exhibits DX16-26

FILED UNDER SEAL

DOC. 48-17

Exhibit 15

Defendants' Answers to Plaintiffs' First Set of Interrogatories

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

DARCY CORBITT, DESTINY)	
CLARK, and JOHN DOE,)	
)	
Plaintiffs,)	
)	
v.)	Civil Action No.
)	2:18-cv-00091-MHT-GMB
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.)	

**DEFENDANTS' ANSWERS TO
PLAINTIFFS' FIRST SET OF INTERROGATORIES**

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure and in compliance with the “Protective Order” dated May 18, 2018 (doc. 33), Hal Taylor, Charles Ward, Deena Pregno and Jeannie Eastman (“Defendants”) hereby respond as follows to the *Plaintiffs’ First Set of Interrogatories to Defendants*. In formulating these responses, Defendants have relied on information presently

available to them and will furnish any such information to the Plaintiffs to the extent required under Rule 26 of the Federal Rules of Civil Procedure.

INTERROGATORIES

1. Identify all policies, whether written or unwritten, and all revisions to those policies, concerning whether and when people may change the sex designation on an Alabama driver's license, including the dates on which those policies were issued and revised.

RESPONSE: Defendants object to this interrogatory to the extent identifying written or unwritten policies would require defendants to disclose information protected by the attorney client privilege or work product privilege.

Without waiving these objections, defendants state that Policy Order 63 determines whether an individual may change the sex designation on an Alabama driver license. Policy Order 63 was issued in 2012 and was revised on July 1, 2015. Policy Order 63 was revised again in April 2016.

2. Identify each person who has any personal knowledge or information regarding the meaning, creation, revision, promulgation, implementation, or enforcement of Policy Order 63.

RESPONSE: Defendants object to this interrogatory to the extent that the request to identify "each person who has *any* personal knowledge" regarding Policy Order 63 is vague or ambiguous. Defendants object to this interrogatory to the extent that identifying "each person" with "any" personal knowledge whatsoever of Policy Order 63 is irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, and unduly burdensome. Defendants object to this interrogatory to the extent that identifying any individual requires the disclosure of information protected by attorney client privilege.

Without waiving these objections, defendants state that Deena Pregno and Jeannie Eastman have personal knowledge regarding the meaning, creation, revision, promulgation, implementation, or enforcement of Policy Order 63. Defendants further state that current and former members of ALEA's Legal Unit

have such personal knowledge but any knowledge they possess is protected by attorney-client or work product privilege.

3. Identify each person who has any personal knowledge or information regarding the meaning, creation, revision, promulgation, implementation, or enforcement of Defendants' defenses.

RESPONSE: Defendants object to this interrogatory to the extent that the request to identify "each person who has any personal knowledge . . . of Defendants' defenses" is vague or ambiguous. Defendants object to this interrogatory to the extent that identifying "each person" with "any" personal knowledge whatsoever of "Defendants' defenses" is irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, and unduly burdensome. Defendants object to this interrogatory to the extent that identifying any individual requires the disclosure of information protected by attorney client privilege. Defendants further object to this interrogatory on the grounds that this litigation is in its early stages and the request to identify "each person" with knowledge of "Defendants' defenses" is premature.

Without waiving these objections, defendants state that, aside from legal counsel, Deena Pregno and Jeannie Eastman have personal knowledge of defendants' defenses. Defendants further state that they anticipate retaining the services of one or more expert witnesses in this case and will disclose the identities of these witnesses in accordance with the Scheduling Order entered in this case.

4. Identify each person who possesses or controls any data, documents, evidence or other tangible items regarding the creation, revision, promulgation, implementation, or enforcement of Policy Order 63.

RESPONSE: Defendants object to this interrogatory to the extent that the request to identify "each person who possesses or controls" any tangible items regarding Policy Order 63 is vague or ambiguous. Defendants object to this interrogatory to the extent that identifying "each person" with possession or control of tangible items regarding Policy Order 63 is irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, and unduly burdensome. Defendants object to this interrogatory to the extent that identifying any individual requires the disclosure of information protected by attorney client privilege.

Without waiving these objections, defendants state that the Chief of the Driver License Division at ALEA, Deena Pregno, maintains ultimate authority over the possession of any tangible items related to the creation, revision, promulgation, implementation, or enforcement of Policy Order 63. Jeannie Eastman, Supervisor of the Driver License Division Medical Unit possesses or controls tangible items regarding the implementation or enforcement of Policy Order 63. Defendants further state that the Legal Unit possesses tangible items related to Policy Order 63 but that these items are subject to attorney-client or work-product privilege.

5. Identify each person who possesses or controls any data, documents, evidence or other tangible items regarding the creation, revision, promulgation, implementation, or enforcement of Defendants' defenses.

RESPONSE: Defendants object to this interrogatory to the extent that the request to identify "each person who possesses or controls" any tangible items regarding "Defendants' defenses" is vague or ambiguous. Defendants object to this interrogatory to the extent that identifying "each person" with possession or control of tangible items regarding "Defendants' defenses" is irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, and unduly burdensome. Defendants object to this interrogatory to the extent that identifying any individual requires the disclosure of information protected by attorney client privilege. Defendants further object to this interrogatory on the grounds that this litigation is in its early stages and the request to identify "each person who possesses or controls" tangible items regarding "Defendants' defenses" is premature.

Without waiving these objections, see the response to Interrogatory 4.

6. Describe any and all government interests Defendants assert that Policy Order 63 serves, as well as how those government interests are furthered by Policy Order 63.

RESPONSE: Defendants object to this interrogatory to the extent that the request for "any and all" government interests served by Policy Order 63 is vague or ambiguous, irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome. Defendants object to this interrogatory to the extent that it seeks a legal conclusion. Defendants object to this interrogatory on the grounds that this litigation is in its early stages and the

information it seeks is premature. Defendants object to this interrogatory to the extent that the information it seeks is protected by the attorney client privilege.

Without waiving these objections, and subject to the right to supplement these responses, defendants state that Policy Order 63 serves the State's interests in providing an accurate description of the bearer of an Alabama driver license. An Alabama driver license provides identification for law enforcement and administrative purposes, including, but not limited to, purposes related to arrest, detention, identification of missing persons or crime suspects, and the provision of medical treatment. Policy Order 63 furthers these interests by providing a uniform understanding of what physical characteristics underlie the sex designation on a driver license. Policy Order 63 serves the State's interests in maintaining consistency between the information contained on a driver license and that contained on a birth certificate since obtaining an amended birth certificate to change a sex designation requires proof that the individual's sex has been changed by surgical procedure. *See* Ala. Code § 22-9A-19(d).

7. Identify all documents and communications in Defendants' possession or control or upon which Defendants rely related to the government interests described in response to interrogatory 4.

RESPONSE: [Defendants understand this interrogatory to contain a drafting error and construe it to refer to the government interests described in response to interrogatory 6]. Defendants object to this interrogatory to the extent that the request for "all" documents relied on related to the interests served by Policy Order 63 is vague or ambiguous, irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome. Defendants object to this interrogatory on the grounds that this litigation is in its early stages and the information it seeks is premature. Defendants object to this interrogatory to the extent that the information it seeks is protected by the attorney client privilege or work product privilege.

Without waiving these objections, defendants state that they rely on Alabama Code §§ 22-9A-19(d), 32-6-6, 32-6-9(a).

8. Identify all documents and communications reviewed, referenced, relied upon directly or indirectly, or considered by Defendants prior to and as a basis or impetus for the following:

- a. The original creation of Policy Order 63; and

b. Any and all revision of Policy Order 63.

RESPONSE: Defendants object to this interrogatory to the extent that the request for “all” documents relied on related to the creation or revision Policy Order 63 is vague or ambiguous, irrelevant to any party’s claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome. Defendants object to this interrogatory on the grounds that this litigation is in its early stages and the information it seeks is premature. Defendants object to this interrogatory to the extent that the information it seeks is protected by the attorney client privilege or work product privilege.

Without waiving these objections, defendants state that they or their predecessors relied on Alabama Code §§ 22-9A-19(d), 32-6-6, 32-6-9(a).

9. Identify any and all procedures that constitute “gender reassignment surgery,” “sexual reassignment surgery,” or “the reassignment procedure” for purposes of changing the sex designation on an Alabama driver’s license.

RESPONSE: Defendants object to this interrogatory on the grounds that the request to identify “any and all” procedures that constitute gender reassignment surgery under Policy Order 63 is vague or ambiguous, irrelevant to any party’s claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome.

Without waiving these objections, defendants state that to change the sex designation on an Alabama driver license, Policy Order 63 requires proof of sexual reassignment surgery that includes an irreversible surgical change of sex characteristics, including genital reassignment.

10. Describe the process and criteria by which it is and, since the enactment of Policy Order 63 has been, determined whether a person has undergone “gender reassignment surgery” or “sexual reassignment surgery” under Policy Order 63.

RESPONSE: Defendants state that the process and criteria identified by Policy Order 63 for determining whether a person has had sexual reassignment surgery is “[a]n amended state certified birth certificate and/or a letter from the physician that performed the reassignment procedure. The letter must be on the physician’s letterhead.” Defendants further state that this process may also involve

a member of ALEA's Medical Unit contacting the office of the physician on the letter to confirm the required procedure was performed.

11. Describe each factual basis that predicates Defendants' first affirmative defense (labeled 2 under affirmative defenses in Defendants' answer, regarding failure to state a claim).

RESPONSE: Defendants object to this interrogatory to the extent that the request for "each factual basis" underlying the second affirmative defense is vague or ambiguous, irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome. Defendants object to this interrogatory to the extent that it seeks a legal conclusion. Defendants object to this interrogatory on the grounds that this litigation is in its early stages and the information it seeks is premature. Defendants object to this interrogatory to the extent that the information it seeks is protected by the attorney client privilege.

Without waiving these objections, defendants state that they are aware of facts, or have a good faith basis to believe that discovery will reveal facts, that show some or all plaintiffs do not view their transgender status as private or confidential, that their driver license does not disclose their transgender status, that their sex designation on their driver license does not subject them to increased danger, that their driver license does not compel plaintiffs to disclose their transgender status, that complying with Policy Order 63 before changing a sex designation on an Alabama driver license does not compel plaintiffs to accept unwanted medical treatment, that Policy Order 63 does not discriminate against transgender individuals. Defendants reserve the right to add to or alter these facts as discovery proceeds.

12. Describe each factual basis that predicates Defendants' second affirmative defense (labeled 3 under affirmative defenses in Defendants' answer, regarding standing).

RESPONSE: Defendants object to this interrogatory to the extent that the request for "each factual basis" underlying the third affirmative defense is vague or ambiguous, irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome. Defendants object to this interrogatory to the extent that it seeks a legal conclusion. Defendants object to this interrogatory on the grounds that this litigation is in its early stages and the

information it seeks is premature. Defendants object to this interrogatory to the extent that the information it seeks is protected by the attorney client privilege.


Without waiving these objections, defendants state that they are aware of facts, or have a good faith basis to believe that discovery will reveal facts, that some or all plaintiffs lack standing as to Count I because they have voluntarily publicly disclosed their transgender status, that plaintiff Darcy Corbitt may lack standing as to all claims because she does not intend to become an Alabama resident or acquire an Alabama driver license, and other such facts as discovery may reveal. Defendants reserve the right to add to or alter these facts as discovery proceeds.

13. Describe each factual basis that predicates Defendants' third affirmative defense (labeled 4 under affirmative defenses in Defendants' answer, regarding statute of limitations)

RESPONSE: Defendants object to this interrogatory to the extent that the request for "each factual basis" underlying the fourth affirmative defense is vague or ambiguous, irrelevant to any party's claim or defense, not proportional to the needs of the case, overly broad, or unduly burdensome. Defendants object to this interrogatory to the extent that it seeks a legal conclusion. Defendants object to this interrogatory on the grounds that this litigation is in its early stages and the information it seeks is premature. Defendants object to this interrogatory to the extent that the information it seeks is protected by the attorney client privilege.


Without waiving these objections, defendants state that they are aware of facts, or have a good faith basis to believe that discovery will reveal facts, that some or all plaintiffs were aware, or should have been aware of, Policy Order 63 and were subject to the application of Policy Order 63 before February 6, 2016. Defendants reserve the right to add to or alter these facts as discovery proceeds.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing Answers to Interrogatories are true and correct to the best of my knowledge, information, and belief based upon information that has been provided to me.


Deena Pregno
Chief, Driver License Division
Alabama Law Enforcement Agency

6/22/2018
Date

As to objections:


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CERTIFICATE OF SERVICE

Pursuant to an agreement memorialized in the Report of the Parties' Planning Meeting, electronic service is acceptable for this document. I hereby certify that I have served a copy of the foregoing document on Brock Boone (bboone@aclualabama.org), Randall C. Marshall (rmarshall@aclualabama.org), Gabriel Arkles (garkles@aclu.org) and Rose Saxe (rsaxe@aclu.org), via email on this the 22nd day of June 2018.

s/ Brad A. Chynoweth
OF COUNSEL

DOC. 48-18

Exhibit 16

Medical Records of Nonparties Who Obtained
Changes to Sex on Alabama Driver Licenses
Bates Labeled D1138-1250

FILED UNDER SEAL