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12 CHLOE E. BROCKMAN

13 SUPERIOR COURT OF THE STATE OF CALIFORNIA

14 IN AND FOR THE COUNTY OF SAN JOAQUIN – STOCKTON BRANCH

15 CHLOE E. BROCKMAN a/k/a CHLOE
16 COLE, an individual

17 Plaintiff,

18 v.

19 KAISER FOUNDATION HOSPITALS,
20 INC., a California Corporation, THE
PERMANENTE MEDICAL GROUP, INC.,
21 a California Corporation, LISA KRISTINE
TAYLOR, M.D., an individual, HOP
22 NGUYEN LE, M.D., an individual,
23 SUSANNE E. WATSON, PHD., an
individual, LILIT ASULYAN PSYD, an
24 individual, and ESTER BALDWIN, LCSW,
PHD, an individual, and DOES 1 through 50,
25 inclusive,

26 Defendants.
27
28

Case No.: STK-CV-UMM-2023-0001612

**DECLARATION OF CHLOE E.
BROCKMAN**

Dept.: 11B
Judge: Hon. Robert T. Waters
Assigned for All Purposes

Action Filed: February 22, 2023
Trial Date: Not Set

1 **DECLARATION OF CHLOE E. BROCKMAN**

2 I, Chloe E. Brockman, declare as follows:

3 1. I am the plaintiff in the above-captioned matter.

4 2. I make this declaration in support of my Motion for Leave to Amend Complaint to
5 State Claim for Punitive Damages.

6 3. I am over the age of eighteen and am competent to testify as to the matters herein. The
7 following is based on personal knowledge unless otherwise stated.

8 4. I am a woman, that is, an adult biological female person.

9 5. While growing up, I suffered for multiple years from social anxiety, school behavioral
10 problems, social interaction problems, generalized anxiety, depression, diagnosed disruptive behavior
11 disorder, social troubles, body dysmorphia, a cleft palate for which surgery had been performed, a
12 likely eating disorder as I was underweight, and a learning disability including diagnosed ADHD.
13 Related to these issues, some of my behavioral problems included throwing objects at other students,
14 crying, screaming, yelling, and running outside of the classroom. In 2nd and 3rd grade, my desk had
15 to be moved outside so I could work alone because of my behavioral problems. I never received
16 regular mental health treatment and my mental health struggles, learning issues, and social issues
17 never resolved.

18 6. When I was a child, as young as six I had some gender non-conforming behavior as I
19 liked to wear boy clothes, but I also liked playing with dolls. At age nine, I began struggling more
20 with my female identity. I had an idea in my mind that to be an ideal, attractive female, I needed to
21 have voluptuous bodily attributes and big breasts, but I did not perceive my appearance to be
22 voluptuous. I was exposed to these ideas at a young age by television, internet, social media, and
23 pornography exposure. I learned that having big breasts was an ideal trait in women and that small
24 breasts are forgettable and not desirable. I was critical of my broad shoulders and thinner, more
25 muscular body. I naively thought I was not and could not ever be an attractive female.

26 7. As I entered adolescence, I was also exposed to many negative ideas both online and
27 in my social sphere about being female. This included negative discussions of menstrual cycles,
28 pregnancy, childbirth, male domination, and similar distorting ideas. I was also exposed to concerns

1 of sexual abuse and rape. In my social sphere, I had heard about women being sexually assaulted and
2 raped, so I had a constant underlying fear of the possibility of sexual abuse.

3 8. In my social sphere, I do not recall any discussion of the positive experiences of being
4 female, such as the joy and intimacy that can be shared with a loving, caring spouse, and the joy and
5 intimacy that can be shared between a mother and child.

6 9. I thus thought that becoming a woman was undesirable and thought that I could not
7 be the type of woman that I naively perceived as ideal. I also continued to struggle socially with
8 having friends. I especially struggled with having female friends as I often felt more comfortable
9 around less judgmental boys. But as my peers and I began to develop, the divide between me and my
10 male friends grew as well. My male friends' physical abilities surpassed my own. I therefore
11 experienced bullying and teasing. All of these changes were discouraging to me and my mental health
12 issues continued without resolution.

13 10. Around age 10, I began researching my feelings on the internet, often spending many
14 hours per day engaged in this activity. During this process, I was exposed to various LGBT activist
15 groups and transgender influencers who praised and promoted individuals who identified as
16 transgender. These groups also praised and promoted individuals who underwent the process of
17 transitioning to appear like the opposite biological sex. I craved the social approval these individuals
18 received, which I was not otherwise receiving from my peers.

19 11. Although I was still attracted to males and had no significant interest in a romantic
20 relationship with a female, these transgender influencers first put the idea in my head that perhaps I
21 actually was a boy. I began to abandon my ideal of being a voluptuous female. I believed I could
22 never meet this voluptuous female standard, and I was strongly influenced by all my imagined
23 negative connotations of being female. Consequently, the idea that I was a boy became very attractive
24 to me.

25 12. I eventually "came out" to some of my peers that I was a boy and engaged with various
26 online activist LGBT groups, and I received the support and praise for my decision that I had craved.

27 13. In May 2017, at age twelve, I wrote a letter to my parents telling them I wanted to be
28 referred to as "Ky" or "Chi," and that I wanted to be treated as a boy. My parents were hesitant and

1 concerned that this was not the best thing for me, but they were unsure how to respond and sought
2 the guidance of medical professionals.

3 14. On June 13, 2017, I had a preliminary consultation with a Kaiser psychologist, which
4 my parents had arranged. The psychologist immediately affirmed me in my misguided belief that I
5 was a boy without evaluating or attempting to understand the motivation for my self-proclaimed
6 diagnosis that I was a “boy.”

7 15. Over the next few years, I visited various mental health providers, where I reported at
8 various times anxiety, depression, social anxiety, shyness, limited friends, and feeling disgusted with
9 my hips, chest, and thin arms. I expressed a desire to bind my breasts that were growing larger. The
10 mental health providers told me that binding my breasts could be helpful but did not disclose any
11 health risks. My other, serious co-morbid mental health symptoms were not meaningfully treated and
12 did not resolve.

13 16. I therefore began “socially transitioning,” i.e., presenting as a male in social settings.
14 My psychological symptoms, however, persisted and intensified.

15 17. In August and November 2017, at age twelve to thirteen, I consulted with Ms. Lilit
16 Asulyan, who promptly approved me for puberty blockers and testosterone. Ms. Asulyan
17 immediately affirmed me in my self-diagnosed transgenderism, told me I was definitely transgender,
18 and asserted that going through sex-reassignment treatment was necessary to resolve my mental
19 health struggles. Dr. Asulyan did not significantly inquire about the origin or development of my
20 transgender feelings. She did not ask me about my social media use and did not ask or discover that
21 my transgender feelings were prompted by many hours of social media use and exposure to
22 transgender social media influencers. She did not inquire into or discover that my desire to become
23 a boy largely stemmed from my beliefs that I could not become an attractive female, a fact that I am
24 informed is completely incongruent with a gender dysphoria diagnosis. She did not inquire into,
25 discuss, evaluate, nor treat me for my behavioral problems, social anxieties, nor my learning
26 disabilities, and she did not consider or discuss with me their impact on my gender dysphoria
27 symptoms. She also did not discuss, treat, or address my body dysmorphia nor did she discuss the
28 implications or impact on the competing gender dysphoria diagnosis. She was very certain that I was

1 transgender and that I needed to transition, so she referred me to an endocrinologist.

2 18. On November 30, 2017, I consulted with Dr. Francis Hoe, an endocrinologist, who
3 did not agree to prescribe testosterone.

4 19. Ms. Asulyan was certain that I needed testosterone, and she gave me another referral
5 to Dr. Lisa Kristine Taylor. Dr. Taylor was willing to begin puberty blockers and testosterone
6 treatment immediately. Dr. Taylor did not evaluate, treat, or ensure that my mental health history was
7 adequately evaluated nor did she ensure that my history of mental health symptoms and social
8 adjustment problems were evaluated or resolved. She expressed no concern with my young age and,
9 among other things, did not discuss the possibilities of desistence and regret or the option of
10 psychotherapy.

11 20. After I began taking testosterone, I developed more masculine characteristics, suffered
12 severe atrophy and damage to my reproductive organs, and other harms.

13 21. Before I began taking Lupron Depot and testosterone, my providers neglected to
14 discuss with me many of the important short-term and long-term risks of hormone therapy. Of great
15 importance to me, they never advise or informed me of the possibility of desistence and regret or the
16 option of psychotherapy. They did not discuss with me that this is the only teenage mental health
17 diagnosis that is sometimes attempted to be treated with hormones and surgery. They performed a
18 limited discussion of health risks, but did not indicate that there was anything significant to be
19 concerned about. They did not discuss that puberty blockers are not just a pause button, but rather
20 tend to cause those who start puberty blockers to go on to seek surgery. They conveyed to me that
21 this was my only path forward and that my mental health struggles would not resolve unless I
22 transitioned. They performed a cursory discussion of the effects on fertility, but I had no real
23 understanding of the implications of fertility loss and my providers made no effort to meaningfully
24 impress upon me the significant of losing fertility. At 13 years old, I was not thinking about having
25 children and certainly had no concept that my desire regarding having children might change in just
26 a few years. Also, my providers did not tell me I would essentially go through menopause nor did
27 they meaningfully convey to me the significant suffering of undergoing menopause as a teenager.
28 They also did not meaningfully impress upon me what it would mean to suffer atrophy of my

1 reproductive organs and did not explain to me the implication that I would eventually need a complete
2 hysterectomy because testosterone would dry up and kill my female organs. They did not discuss
3 with me the future implications for intimacy and relationships of appearing more masculine but
4 having atrophied female reproductive organs. They did not discuss with me that it would look like
5 to be an adult transgender individual. I thought I could actually become a boy, but I now understand
6 that living as an adult female to male transexual is a very different life from actually being born male.
7 At age 13, I would have had a very limited understanding of these issues and I likely would not have
8 then understood the implications of going through menopause and losing my reproductive organs.
9 Nor did I understand the impact of loss of fertility and sexual function. I had never had sex, had
10 never imagined myself having a romantic relationship with a man, nor had I ever thought about
11 rearing and/or breastfeeding children.

12 22. After several months on puberty blockers and cross-sex hormone, my mental health
13 did not improve and I began to experience increasing anxiety, depression, and related issues. I was
14 sexually assaulted by a boy at school. This boy, who had frequently teased and harassed me, groped
15 my breast in public before class. This was an earth-shattering experience for me, and I felt like I was
16 the only person in the room, and that no one else noticed or cared. I was concerned about reporting
17 the incident to school officials, fearing that the boy would be suspended for a couple days and then
18 return to harass me more and perhaps do me worse harm. It traumatized me to my core. My earlier
19 fears of sexual abuse were realized. It took me several years to emotionally process, unpack, and
20 come to grips with this assault. At first, I did not recognize the trauma. As I was already transitioning
21 at this point, I thought I was already a “boy” and needed to “man up.” This assault exacerbated my
22 fears and further propelled me into the belief that I did not want to be female and that I needed to get
23 rid of my breasts to protect myself from further abuse.

24 23. I had already been binding my breasts, but I began binding my breasts daily. Daily
25 breast binding and weekly testosterone injections caused my breasts to become deformed. I noticed
26 my breasts were losing their shape. I felt that they were disgusting and that no one would ever be
27 attracted to me so long as they remained on my body. I decided I needed a double mastectomy.

28 24. I then told Dr. Taylor that I would like to continue with my transition and receive a

1 double mastectomy, naively thinking that would solve all my problems. Dr. Taylor did not evaluate
2 this interest, did not ask about my underlying feelings, did not ask about or discover the assault that
3 occurred, did not ask about or discover any of the underlying reasons why I wanted to proceed with
4 surgery, and instead affirmed my decision. Dr. Taylor thus referred me to the gender clinic in
5 Oakland, California because there were no specialists in my area qualified to approve me for a
6 mastectomy.

7 25. Between the time of my assault and my eventual double mastectomy, the Kaiser
8 healthcare providers treating me never inquired or treated any of these important underlying
9 psychological traumas, never elicited information related to the assault, and never elicited or
10 evaluated complex, conflicting, and confused feelings regarding my thinking that I would be safer
11 being a boy. I also did not receive any regular psychotherapy for my history of mental health and
12 social adjustment problems, nor was this ever offered at any time by my providers as an option for
13 my treatment in lieu of GAC.

14 26. Eventually, at age fourteen, my parents and I consulted with the team at the gender
15 clinic in Oakland. We had approximately a two-hour consultation that included visits with various
16 people on the team including Dr. Susan Watson and Dr. Hop Nguyen Le. Dr. Watson introduced
17 herself as a gender specialist and approved me for a double mastectomy that very day in her first and
18 only consultation with me prior to the mastectomy. I didn't have any more consultations with Dr.
19 Watson again until I detransitioned a couple years later. Dr. Le also approved me for the mastectomy
20 and performed a pre-surgery consultation on the same day. I attended a breast surgery information
21 session at one point several weeks later, but recall only one more video consultation with Dr. Le about
22 a year later right before my surgery.

23 27. Dr. Watson and Dr. Le affirmed me in this decision without meaningfully evaluating
24 whether this was the right choice for me. They also did not perform any follow-up into the condition
25 of my mental health in the one-year time period between these consultations and my surgery. In this
26 single visit, Dr. Watson told me that I was a good candidate for a mastectomy and that this treatment
27 was a necessary part of treating and resolving my mental health issues. She advised that without
28 going through this, my mental health issues would not resolve. She discussed that I would not be

1 able to breast feed, but I had no interest and no concept of having children at the time and told her
2 this, which she accepted without further inquiry. She did not discuss any other potential downside
3 risks such as desistence and regret, limited research in this area, uncertainty regarding the
4 effectiveness of treating my mental health issues with surgery, the ongoing mental health morbidity
5 that transgender people suffer even after surgery, the long-term social implications of having female
6 genitals but no breasts, and related issues. Similarly, Dr. Le provided me with some general
7 information about surgery risks and types of surgeries, but also did not discuss any of these risks that
8 are specific to my situation as a self-diagnosed transgender minor.

9 28. In the months following this combined visit with Dr. Watson, Dr. Le, and others, I had
10 increased mental health issues, including depression, anxiety, fears, and suicidal ideation for the first
11 time. I had a few mental health visits with a psychiatrist because of these issues, but received no
12 regular treatment and had no resolution of my mental health issues. I believed my mental health
13 issues would go away when I completed the surgery and continued my transition. Nobody informed
14 me that an overall decline in mental health condition is an indication that I was not responding to the
15 experimental treatment and/or that I should try to resolve my underlying mental health concerns
16 before a permanent, irreversible, and mutilating surgery. During this time frame, my mental health
17 issues got so bad that my mother requested a “VOT [verification of treatment] for intermittent leave”
18 from my pediatric care provider so I could be excused from school on an as needed basis.

19 29. I had attended one more video visit with Dr. Le immediately prior to my surgery,
20 nearly a year after my initial consultation with him and Dr. Watson.

21 30. On June 4, 2020, at age fifteen, Dr. Le performed a double mastectomy, removing
22 both of my healthy breasts.

23 31. After the double mastectomy, I was initially satisfied, believing I would now be able
24 to socialize with boys without a shirt, that I would no longer need to wear uncomfortable and
25 cumbersome binders, and that I would now be happy. But reality set in a few weeks later when I
26 needed to have my stitches removed. The experience was strange and unsettling, both from a
27 sensation perspective and a mental perspective. I was shocked and unprepared for how cut-up my
28 chest looked after the surgery. My grafts were black because they had been separated from the tissue

1 and reattached and so the outside layer of tissue died. The sensation was very strange and
2 uncomfortable. I had to look at myself daily and was appalled at how I looked. I felt like I had been
3 turned into a monster. I was also led to believe that I would be fully healed within a few months and
4 certainly within a year after the surgery. But it has been more than three years and I still have
5 significant complications and problems from the surgery, which were never discussed or disclosed as
6 potential complications.

7 32. After the surgery, my internal feelings of conflict with my gender returned more
8 vigorously than before. My mental health declined further. My depression and anxiety got worse, and
9 I developed suicidal ideation. My gender dysphoria did not resolve with this additional stage of
10 transition; instead, my mental state got worse. I began to feel that it was all a huge mistake. I took a
11 psychology class, where I learned about the Harlow monkey experiment and the importance of a bond
12 between a mother and a child. This class made me think for the first time about my natural desire to
13 be a mother. At the same time, this caused me serious distress because I thought for the first time
14 about caring for a child and how I might want to breastfeed that child. Consequently, I researched for
15 the first time about the benefits of breastfeeding a child. I am heartbroken at the thought that I can
16 never have the option to nourish and nurture a child through breastfeeding. The cross-sex chemicals
17 I received also caused me severe distress as I suddenly realized the tragic impact of my potential loss
18 of fertility and a host of other related issues. I was not able to comprehend these tragic consequences
19 as a child, especially while taking such powerful drugs.

20 33. In or around May 2021, when I was not yet seventeen, I began to detransition.

21 34. Throughout and during my cross-sex hormone treatment, I experienced a host of other
22 significant and severe physical and mental sufferings. I experienced hot flashes, accompanied by
23 severe itching in random areas of my body, to the point that I could not wear sweaters or long pants
24 during the colder seasons. I would also hear loud cracks in my neck and back while breathing. I have
25 permanent changes to my bone structure, including wider shoulders, a stronger jaw, forehead, and
26 nose; a larger ribcage; underdeveloped hips; an Adam's apple; and a masculine voice. I suffered loss
27 of sensation and severe atrophy of my reproductive organs. I suffered frequent urinary tract infections,
28 discomfort, and related issues.

1 35. After I stopped taking hormones, I continued to have increased loss of sensation and
2 increased dysfunction of my reproductive organs, masculine voice, and weakening of my voice that
3 now has a greater tendency to crack and lose power. I have continuing issues with more frequent
4 UTI-like symptoms. In the first few months after stopping hormones, I had clotting issues,
5 incontinence issues, and digestive track issues. I developed and continue to have joint pain in my
6 knees and I continue to be prone to itching and rashes on my limbs, especially my left. My joint pain
7 continues to increase in my back area, and I have sporadic and unpredictable shooting pains across
8 my back.

9 36. I have ongoing complications with my grafts for the mastectomy, which require
10 regular care to address and that make showering and swimming problematic. The damaged area of
11 my skin on my right nipple graft has also spread off the graft and is moving downwards. I have lost
12 erogenous sensation in my chest area. I feel sensations in my armpit instead of my chest, which I
13 understand is because the nerves are not connected properly.

14 37. I have lost social development with my peers including with regard to dating and
15 romantic development.

16 38. I understand that I am at significant increased risk of having fertility problems. I may
17 be unable to have children, and if I am able to have children, I understand that I may be unable to
18 deliver them naturally due to inadequate development of my pelvic bones.

19 39. I understand that I have likely lost at least two inches of my potential adult height.

20 40. I have increased facial and other body hair.

21 41. I understand that I am at a higher risk of having bone density problems and have an
22 increased risk of bone fractures. I understand that I may have stunted neurological development.

23 42. I understand that I suffered a sudden massive increase in libido from taking
24 testosterone, which was extremely difficult to navigate as a young female, and I suffered from and
25 developed hypersexuality and compulsive sexual behaviors. My dating pool was severely limited
26 during this time. Girls my age started to express an interest in me after my transition, but I was still
27 only interested in men.

28 43. When I stopped taking hormones, I became intensely suicidal for the first time and

1 became prone to emotional outbursts. I was severely depressed, and it was incredibly difficult for me
2 to focus on anything including school. As a result, I ended up failing out of high school my senior
3 year and had to get a California High School Proficiency Exam Certificate.

4 44. I struggled with adjusting socially and presenting as a female again. I missed out on
5 important and irreplaceable female socialization due to ill-conceived social transitioning during
6 critical years in my development.

7 45. After detransitioning, I was bullied because of my masculine physical features and
8 voice.

9 46. I have suffered severe anxiety, depression, and suicidal ideation as a result of “Gender
10 Affirming Care” that was provided to me by the healthcare providers listed above. I have deep
11 emotional wounds, severe regrets, and a deep distrust for the medical system. It is very difficult for
12 me to cope with the possibility of being unable to have biological children, and my inability to
13 breastfeed them if I am able to have children. I continue to suffer considerably with my body image,
14 which I feel has taken a major hit from all of this.

15 47. After detransitioning, I expressed numerous concerns to Dr. Taylor and Dr. Watson
16 regarding my future as a female. Dr. Taylor suggested I talk with Dr. Watson. Dr. Watson stated the
17 following, which I now believe was intended to dissuade me from pursuing a lawsuit: “I let ‘*him*’
18 know it will be important for ‘*him*’ to take steps to change the things ‘*he*’ can, but to find a way to
19 accept the things ‘*he*’ cannot change.” (emphasis added). I wish she would have given me this advice
20 before I cut my breasts off and damaged my body extensively with testosterone.

21 I declare until penalty of perjury under the laws of the State of California that the foregoing
22 is true and correct. Executed on February 15, 2024, at Manteca, CA.

23 
24 _____
Chloe E. Brockman

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COURT OF THE STATE OF CALIFORNIA SAN JOAQUIN SUPERIOR COURT – STOCKTON BRANCH		FOR COURT USE ONLY
TITLE OF CASE (Abbreviated) Chloe E. Brockman v. Kaiser Foundation Hospitals, Inc., et al.		
ATTORNEY(S) NAME AND ADDRESS Charles S. LiMandri, Esq; Paul M. Jonna, Esq. Robert E. Weisenburger, Esq. LiMANDRI & JONNA LLP P.O. Box 9120 Rancho Santa Fe, California 92067 Tele: (858) 759-9930; Fax: (858) 759-9938		
ATTORNEY(S) FOR: Plaintiff Chloe E. Brockman	Dept. 11B	CASE NO.: STK-CV-UMM-2023-0001612

PROOF OF SERVICE

I, Rebecca M. Oakley, declare that: I am over the age of 18 years and not a party to the action; I am employed in, or am a resident of the County of San Diego, California, and my business address is P.O. Box 9120, Rancho Santa Fe, CA 92067, Telephone number (858) 759-9930; Facsimile number (858) 759-9938. I further declare that I served the following document(s) on the parties in this action:

Motion for Leave to Amend

1. **PLAINTIFF CHLOE E. BROCKMAN’S NOTICE OF MOTION AND MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
2. **PLAINTIFF CHLOE E. BROCKMAN’S MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
3. **PLAINTIFF CHLOE E. BROCKMAN’S NOTICE OF LODGMENT OF CONFIDENTIALLY MARKED DOCUMENTS IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
4. **DECLARATION OF CHLOE E. BROCKMAN;**
5. **DECLARATION OF CHARLES S. LIMANDRI IN SUPPORT OF PLAINTIFF CHLOE E. BROCKMAN’S MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
6. **DECLARATION OF JOCELYN T. BROCKMAN;**
7. **DECLARATION OF ROBIN A. DEA, M.D.;**
8. **DECLARATION OF NATHAN SZAJNBERG, M.D.;**
9. **DECLARATION OF MICHAEL LAIDLAW, M.D.;**
10. **DECLARATION OF JOHN PERROTTI, M.D.;**
11. **DECLARATION OF STEPHEN B. LEVINE, M.D.;**
12. **DECLARATION OF TIM CROSBY, LMFT;**
13. **DECLARATION OF KAYLA LOVDAHL;**
14. **DECLARATION OF ELISABETH “BETH” BOURNE;**
15. **DECLARATION OF LAUREN WOHL-SANCHEZ; and**
16. **[Proposed] ORDER In SUPPORT OF PLAINTIFF CHLOE E. BROCKMAN’S MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES.**

Motion to Seal

1. **PLAINTIFF CHLOE E. BROCKMAN’S NOTICE OF MOTION AND MOTION TO SEAL DOCUMENTS LODGED IN SUPPORT OF MOTION FOR LEAVE TO AMEND**

COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;

- 2. PLAINTIFF CHLOE E. BROCKMAN'S MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO SEAL DOCUMENTS LODGED IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES; and**
- 3. [Proposed] ORDER In SUPPORT OF PLAINTIFF CHLOE E. BROCKMAN'S MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO SEAL DOCUMENTS LODGED IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES**

by one or more of the following methods of service to:

****SEE ATTACHED SERVICE LIST**

 (BY U.S. MAIL) I caused such document(s) to be sealed in envelopes, and with the correct postage thereon fully prepaid, either deposited in the United States Postal Service or placed for collection and mailing following ordinary business practices.

 X **(BY E-MAIL/ELECTRONIC MAIL)** I caused a copy of the foregoing document(s) to be sent to the persons at the e-mail addresses listed above, this date via internet/electronic mail.

 X **(BY ELECTRONIC FILING/SERVICE)** I caused such document(s) to be Electronically Filed and/or Service through OneLegal.

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

Executed on April 18, 2024



Rebecca M. Oakley

COURT OF THE STATE OF CALIFORNIA
SAN JOAQUIN SUPERIOR COURT – STOCKTON BRANCH

Chloe E. Brockman v. Kaiser Foundation Hospitals, Inc., et al.
CASE NO.: STK-CV-UMM-2023-0001612

SERVICE LIST

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