

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

JOHN DOE,	:	
	:	
Plaintiff,	:	
	:	
v.	:	<b>CIVIL ACTION NO.</b>
	:	
THEODORE DALLAS,	:	
in his official capacity as Secretary of the	:	
Pennsylvania Department of Human Services,	:	
Defendant.	:	
	:	

**COMPLAINT**

**PRELIMINARY STATEMENT**

1. Defendant Theodore Dallas is Secretary of the Pennsylvania Department of Human Services (“DHS”) which operates and administers the Commonwealth’s Medical Assistance program (“Medicaid”) and which is required to do so in accordance with the Constitution and laws of the United States.

2. Plaintiff John Doe has sought Medicaid coverage for medically necessary treatment as prescribed by his physician for his Gender Dysphoria (“GD”) diagnosis, but he is banned from receiving such coverage because Defendant, as Secretary of DHS, has unreasonably adopted, promulgated, and enforced regulations banning any Medicaid eligible individual diagnosed with GD from receiving any medically necessary Medicaid coverage for treatment of GD by any physician, hospital, pharmacy, clinic, emergency room, or other Medicaid provider. 55 Pa. Code §§ 1141.59(11) (banning payment for physicians’ services); 1121.54(10) (banning payment to pharmacies for prescribed drugs); 1126.54(7) (banning payment to ambulatory surgical centers and short procedure units); 1163.59(a)(1) (banning payment to hospitals for inpatient hospital stay); and 1221.59(7) (banning payment to clinics and emergency rooms) (collectively, the “Regulations”).

3. Although the federal statutes governing Medicaid, 42 USC § 1396 *et. seq.*, permit states to place appropriate limits on a service based on lack of medical necessity, state Medicaid programs may not arbitrarily deny benefits that are medically necessary on the basis of a diagnosis.

4. Defendant's actions in adopting, promulgating, and enforcing the Regulations, are discriminatory and violate the Constitution and laws of the United States, which mandate that medically necessary Medicaid coverage provided through state Medicaid programs must be provided equally to all Medicaid eligible individuals, without regard to diagnosis.

5. As set forth below, Plaintiff seeks declaratory, injunctive, and any other appropriate relief to enjoin Defendant from continuing to adopt, promulgate, and enforce the Regulations banning medically necessary coverage for GD on the grounds that such regulations and actions by Defendant, acting in his official capacity as Secretary of DHS: (i) violate the Equal Protection clause of the United States Constitution and are thus actionable pursuant to 42 U.S.C. § 1983; (ii) conflict with the Medicaid Act, 42 U.S.C. §§ 1396 *et seq.* and thus are preempted by the Supremacy Clause; (iii) violate the non discrimination provision of the Patient Protection and Affordable Care Act ("the ACA"), 42 U.S.C. § 18116; and (iv) violate the Medicaid Act, 42 U.S.C. §§ 1396 *et seq.*, and are thus actionable pursuant to 42 U.S.C. § 1983.

#### **JURISDICTION AND VENUE**

6. This Court has jurisdiction over the parties and the claims asserted herein pursuant to 28 U.S.C. §§ 1331, 1343(a)(3), and 1367.

7. Plaintiff's claims for declaratory relief are brought pursuant to 28 U.S.C. §§ 2201 and 2202.

8. Venue is proper in this Court pursuant to 28 U.S.C. § 1391(b) because Plaintiff resides within this judicial district, the events giving rise to this action occurred in this judicial district, and Defendant is subject to personal jurisdiction in this judicial district.

#### **THE PARTIES**

9. Plaintiff John Doe resides within this judicial district and is a Medicaid recipient. Plaintiff is appearing here under a pseudonym. A motion for anonymity is being filed simultaneously with this Complaint.

10. In his capacity as Secretary of DHS, Defendant Dallas is responsible for the administration of DHS, which operates and administers the Commonwealth Medicaid's program. Defendant Dallas is obligated to ensure that Medicaid patients with GD are treated in accordance with the Constitution and laws of the United States. Defendant Dallas has at all relevant times hereinafter mentioned acted under color of state law and is being sued in his official capacity.

#### **PERTINENT CONSTITUTIONAL PROVISIONS**

11. The Equal Protection Clause of the Fourteenth Amendment to the United States Constitution provides that: "No State shall . . . deny to any person within its jurisdiction the equal protection of the laws." U.S. Const. amend. XIV, §1.

12. The Supremacy Clause of the Constitution provides "This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the contrary notwithstanding." U.S. Const. art. VI, cl. 2.

#### **PERTINENT FEDERAL STATUTES AND REGULATIONS**

13. Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 *et seq.* ("Medicaid Act"), creates the federal Medicaid program, a cooperative state and federal benefit program designed

to provide necessary medical services to needy persons who meet certain eligibility requirements.

14. The Medicaid program is a jointly funded federal-state program, which provides federal financial assistance to states that choose to furnish medical assistance to individuals whose incomes and resources are insufficient to meet the costs of necessary medical services. 42 U.S.C. §§ 1396, 1396b.

15. States need not participate in the program, but if they choose to do so, they must develop and implement a state Medicaid plan. 42 U.S.C. §§ 1396, 1396a, 1396c.

16. States have considerable control over their plan's details and administration; however, to qualify for federal funding a state plan must comply with the Medicaid Act's requirements. 42 U.S.C. §§ 1396a, 1396b(a).

17. The federal Medicaid program requires a participating state to establish or designate a single state agency that is responsible for administering or supervising the administration of that state's Medicaid program. 42 U.S.C. § 1396a(a)(5).

18. Participating states also must submit a state plan to a federal agency within the United States Department of Health and Human Services ("HHS") detailing how they will spend Medicaid funds. 42 U.S.C. §§ 1396a(a), (b).

19. A state plan must include reasonable standards for determining eligibility for and the extent of medical assistance under the plan. 42 U.S.C. § 1396a(a)(17).

20. A state plan must provide for making medical assistance available to all categorically needy individuals by providing, at minimum, inpatient hospital services, outpatient hospital services, laboratory and X-ray services, and physicians' services furnished by a physician. 42 U.S.C. §§ 1396a(a)(10)(A), 1396d(a)(1), 1396d(a)(2), 1396d(a)(3), 1396d(a)(5).

21. In accordance with the Medicaid Act, medical assistance must be provided in a manner consistent with the best interests of the recipients. 42 U.S.C. § 1396a(a)(19).
22. The Medicaid Act further requires that the medical assistance made available to any categorically needy person shall not be less in amount, duration, or scope than the medical assistance made available to other such individuals. 42 U.S.C. § 1396a(a)(10)(B)(i).
23. The Medicaid Act mandates that a state plan provide for making medical assistance available to all categorically needy individuals by providing, at minimum, medically necessary physician, hospital and other services, and also provide, at a minimum, payments for such services sufficient to ensure that providers exist “at least to the extent that such care and services are available to the general population in the geographic area.” 42 U.S.C. 1396a(a)(30)(A).
24. The ACA prohibits health care programs receiving federal assistance from discriminating on the basis of sex. 42 U.S.C. § 18116.
25. The ACA’s ban on sex discrimination includes transgender discrimination, which includes discrimination against people with a GD diagnosis.
26. The HHS’s Office of Civil Rights confirmed that the ACA’s protection against sex discrimination includes discrimination claims based on transgender discrimination, that is, “gender identity or failure to conform to stereotypical notions of masculinity or femininity.” *See* July 7, 2012 letter from HHS’s Office of Civil Rights, attached as Exhibit A.
27. The HHS has banned transgender discrimination in Medicare, by Decision No. 2576, issued May 20, 2014, and thus lifted a ban that had previously existed under Medicare banning transgender surgery. The HHS found that the scientific and medical evidence established that surgery is safe, effective and non-experimental, may be medically necessary for trans people and so needs to be covered by Medicare. The Decision is attached as Exhibit B.

**PERTINENT PENNSYLVANIA REGULATIONS**

28. Medicaid coverage in Pennsylvania includes payments for medically necessary hysterectomies for Medicaid eligible individuals. 55 Pa. Code § 1141.56.

29. Medicaid coverage in Pennsylvania bans payments for medically necessary hysterectomies for Medicaid eligible individuals diagnosed with GD. 55 Pa. Code. § 1141.59(11) states as follows:

Payment will not be made for the following physicians' services:...(11) Surgical procedures and medical care provided in connection with sex reassignment. This includes but is not limited to hormone therapy, penile construction, revision of labia, vaginoplasty, vaginal dilation, vaginal reconstruction, penectomy, orchiectomy, mamoplasty, mastectomy, hysterectomy, and release of vaginal adhesions.

30. 55 Pa. Code § 1121.54 (10) bans payment for “Drugs prescribed in conjunction with sex reassignment procedures or other noncompensable procedures.”

31. 55 Pa. Code § 1126.54 (7), bans payment for “Procedures and medical care performed in ASCs [ambulatory surgical centers] and SPUs [short procedure units] in connection with sex reassignment.”

32. 55 Pa. Code § 1163.59(a)(1), bans payment for “hospitals for an inpatient hospital stay if the admission is directly or indirectly related to the hospital's provision of: “Transsexual surgical procedures for gender change or reassignment—for example, penile construction, revision of labia, vaginoplasty, vaginal dilation, vaginal reconstruction, penectomy, orchiectomy, mammoplasty, mastectomy, hysterectomy and release of vaginal adhesions.”

33. 55 Pa. Code § 1221.59(7) bans payment to clinics or emergency rooms for “Surgical procedures and medical care provided in connection with sex reassignment. This includes, hormone therapy and release of vaginal adhesions.”

## FACTS

34. Plaintiff John Doe is a categorically needy Medicaid recipient residing in Delaware County, Pennsylvania. Mr. Doe is 30 years old and has received Medicaid benefits since 2013.

35. John Doe supports himself with Supplemental Security Disability Income and SNAP (“food stamps”) assistance.

36. John Doe is transgender.

37. Transgender is a biological condition, due to brain neuroanatomy and the formation of that brain neuroanatomy in the womb.

38. Transgender (or “trans”) people are born with bodies whose anatomy and gender is different from what they actually are.

39. John Doe has GD.

40. GD is a medical and therapeutic diagnosis, referring to the physical, mental and emotional difficulties that may arise in trans people due to the conflict between their brain anatomy and body anatomy. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (“DSM-V” at 302.85.)

41. A trans person is diagnosed as suffering from GD when they have “clinically significant distress” associated with being trans. *Id.*

42. GD is not being transgender but may result from being transgender.

43. A variety of treatments, some of which are like those offered to non-trans people, are medically necessary for GD treatment.

44. Medically necessary procedures for GD Treatment may include hormone or other prescriptions, therapy, Gender Confirmation Surgery (“GCS” or “bottom surgery”), breast implants or removal (“top surgery”), and others, including hysterectomy, genital reconstruction,

and plastic surgery, as appropriate and prescribed and medically necessary for the particular person.

45. Medically necessary treatment for GD is recognized as safe, effective, and warranted by the American Medical Association, the American Psychiatric Association, and other leading medical organizations, HHS and other federal and state organizations, and the Commonwealth's Physician General Dr. Rachel Levine to alleviate what is recognized as an identifiable, severe, and incapacitating disease that causes constant suffering, emotional, and mental distress. GD treatment, including hormone therapy, sex reassignment surgery, and others are effective and medically necessary forms of therapeutic treatment for people diagnosed with GD.

46. On July 9, 2015, Plaintiff John Doe's doctor submitted a request for Medicaid coverage for a total abdominal hysterectomy for Plaintiff, which was prescribed as medically necessary treatment for Plaintiff's GD.

47. On July 22, 2015, the request for the hysterectomy was denied by Keystone First Health Plan, one of the Defendant's designees for administering the Medicaid program in southeastern Pennsylvania.

48. Plaintiff duly appealed the denial, and on October 26, 2015, the Administrative Law Judge ("ALJ") denied Plaintiff's appeal, stating that, "The undersigned is bound to apply and adhere to the clear and express regulations, which in this case do not permit the approval of the requested hysterectomy." (The regulations referred to by the ALJ were 55 Pa. Code §§1141.59(11) and 1126.54(7), part of the Regulations noted above that ban coverage of medically necessary treatments for Medicaid eligible individuals diagnosed with GD. A copy of the page of the Administrative Law Judge's opinion with the cited language is attached as Exhibit C, the remainder of the Opinion will be furnished under an appropriate protective order to protect personally identifiable information.)

49. No other reason besides the complete regulatory ban was given by the ALJ for upholding the denial of coverage for John Doe's medically necessary GD treatment.

50. The ban on Medicaid coverage for GD compensation in the Regulations is unreasonable, discriminatory, and has no rational basis.

51. Plaintiff John Doe has sought Medicaid coverage for physician prescribed, medically necessary treatment for his GD diagnosis, but has been banned from receiving such coverage because Defendant is acting to enforce Regulations banning Plaintiff, a Medicaid eligible individual diagnosed with GD, from receiving any medically necessary Medicaid coverage for treatment of GD.

52. Plaintiff is barred from receiving coverage for his medically necessary hysterectomy solely because he is suffering from GD.

53. On information and belief, other Medicaid eligible individuals who have not been diagnosed with GD and have been prescribed a medically necessary hysterectomy will receive Medicaid coverage for a hysterectomy and associated medically necessary procedures and services.

54. Defendant's actions in adopting, promulgating, and enforcing the ban on Medicaid coverage for medically necessary GD treatment present in the Regulations discriminate against Plaintiff by treating Plaintiff as member of a class that is banned from receiving the same coverage provided to other Medicaid eligible individuals, purely on the basis of diagnosis, without any rational basis for such treatment.

55. The Defendant, DHS, and the Commonwealth are aware of established medical and scientific evidence that treatment is medically necessary for those diagnosed with GD.

56. Moreover, on information and belief, the Commonwealth furnishes health insurance and other coverage to those diagnosed with GD who are Commonwealth employees.

57. The Defendant's actions banning such coverage to Medicaid eligible individuals diagnosed with GD while at the same time the Commonwealth furnishes health insurance coverage to Commonwealth employees with GD discriminates against Plaintiff, without any rational basis for such conduct.

58. The Defendant, DHS, and the Commonwealth are aware of the Commonwealth's established law and policy banning transgender discrimination in state employment.

59. As a result, the Defendant has acted willfully and in bad faith in banning Medicaid coverage for the treatment of GD.

60. Plaintiff's rights to equal protection under the laws have been violated by Defendant.

61. Plaintiff's rights under the Medicare Act to be furnished with coverage equal to that furnished to others, without regard of diagnosis, have been violated by Defendant.

62. Plaintiff's rights to be free from sex and transgender discrimination have been violated by Defendant.

63. Plaintiff's rights were and are being violated by Defendant knowingly, willingly, and in bad faith.

64. Plaintiff's rights were and are being violated by the challenged governmental activity in the present case, are not contingent, are not and will not evaporate or disappear, and, by the Regulations and Defendant's continued promulgation and enforcement of the Regulations, casts a substantial adverse effect on Plaintiff's interests and rights.

65. Plaintiff's untreated GD has led to his constant suffering and emotional distress. He is unemployed and has other issues, due in part to his untreated GD. Immediate and medically necessary GD treatment should be provided to Plaintiff in accordance with the Constitution and laws of the United States.

**COUNT I – VIOLATION OF THE EQUAL PROTECTION CLAUSE**

66. Plaintiff incorporates by reference his allegations set forth in paragraphs 1 through 65 above.

67. Defendant's adopting, promulgating, and enforcing of the Regulations violate the Equal Protection Clause of the Constitution of the United States, U.S. Const. amend. XIV, §1 by arbitrarily, intentionally, and in bad faith banning Medicaid coverage for Medicaid eligible individuals with a GD diagnosis while the Commonwealth and Defendant provide the same care, services, drugs, and/or supplies to Medicaid eligible individuals without a GD diagnosis.

68. Defendant's adopting, promulgating, and enforcing of the Regulations violate the Equal Protection Clause of the Constitution of the United States, U.S. Const. amend. XIV, §1 by arbitrarily, intentionally, and in bad faith banning Medicaid coverage for Medicaid eligible individuals with a GD diagnosis while the Commonwealth and Defendant provide the same care, services, drugs and/or supplies to Commonwealth employees, without any rational basis for such treatment.

69. Defendant's adopting, promulgating, and enforcing of the Regulations violate the Equal Protection Clause of the Constitution of the United States, U.S. Const. amend. XIV, §1 by arbitrarily, intentionally, and in bad faith denying compensation under Medicaid for GD treatment which action unlawfully discriminates on the basis of sex, gender identity or expression and/or disability.

70. The Defendant's actions in promulgating and enforcing the Regulations are undertaken purposefully, intentionally, and in bad faith, and bear no substantial or rational relationship to any compelling, important or legitimate government interest.

71. 42 U.S.C. § 1983 provides that Plaintiff may proceed here to enforce his rights under the Equal Protection clause against Defendant.

**COUNT II – VIOLATION OF THE SUPREMACY CLAUSE**

72. Plaintiff incorporates by reference his allegations set forth in paragraphs 1 through 65 above.

73. Defendant's adopting, promulgating, and enforcing of the Regulations conflict with the Medicaid Act, 42 U.S.C. §§ 1396 et seq. and thus are preempted by the Supremacy Clause of the Constitution of the United States, U.S. Const. art. VI, cl. 2, by arbitrarily, intentionally, and in bad faith banning Medicaid coverage for Medicaid eligible individuals with a GD diagnosis while the Commonwealth and Defendant provide the same care, services, drugs, and/or supplies to Medicaid eligible individuals without a GD diagnosis.

74. Defendant's adopting, promulgating, and enforcing of the Regulations conflict with the Medicaid Act, 42 U.S.C. §§ 1396 et seq. and thus are preempted by the Supremacy Clause of the Constitution of the United States, U.S. Const. art. VI, cl. 2, by arbitrarily, intentionally, and in bad faith banning Medicaid coverage for Medicaid eligible individuals with a GD diagnosis while the Commonwealth and Defendant provide the same care, services, drugs and/or supplies to Commonwealth employees, without any rational basis for such treatment.

75. Defendant's adopting, promulgating, and enforcing of the Regulations conflict with the Medicaid Act, 42 U.S.C. §§ 1396 et seq. and thus are preempted by the Supremacy Clause of the Constitution of the United States, U.S. Const. art. VI, cl. 2, §1 by arbitrarily, intentionally and in bad faith denying compensation under Medicaid for GD treatment which action unlawfully discriminates on the basis of sex, gender identity or expression, and/or disability.

76. The Defendant's actions in promulgating and enforcing the Regulations are undertaken purposefully, intentionally, and in bad faith, and bear no substantial or rational relationship to any compelling, important or legitimate government interest.

77. 42 U.S.C. § 1983 provides that Plaintiff may proceed here to enforce his rights under the Supremacy Clause against Defendant.

**COUNT III – VIOLATION OF SECTION 1557 OF THE ACA, 42 U.S.C. § 18116, PROHIBITING DISCRIMINATION IN MEDICAID**

78. Plaintiff incorporates by reference his allegations set forth in paragraphs 1 through 65 above.

79. The Regulations exclude Plaintiff from participation in, deny Plaintiff the benefits of, and/or subject Plaintiff to discrimination under the Commonwealth’s Medicaid Program, a health program receiving federal financial assistance.

80. The Defendant unlawfully discriminates by arbitrarily, intentionally, and in bad faith banning Medicaid eligible individuals with a GD diagnosis from receiving treatment while the Defendant provides the same care, services, drugs and/or supplies to Medicaid eligible individuals without a GD diagnosis, without any rational basis for the distinction, thus violating Section 1557 of the ACA, 42 U.S.C. § 18116.

81. The Defendant unlawfully discriminates by arbitrarily, intentionally, and in bad faith banning Medicaid coverage for Medicaid eligible individuals with a GD diagnosis while the Commonwealth and Defendant provide the same care, services, drugs and/or supplies to Commonwealth employees, without any rational basis for such treatment, thus violating Section 1557 of the ACA, 42 U.S.C. § 18116.

82. The Defendant unlawfully, arbitrarily, intentionally, and in bad faith discriminates on the basis of sex (including gender, gender identity and failure to conform to the sex and gender stereotypes associated with one’s anatomical sex), gender identity or expression and/or disability, and the promulgation and enforcement of the Regulations violate Section 1557 of the ACA, 42 U.S.C. § 18116.

83. 42 U.S.C. § 1983 provides that Plaintiff may proceed here to enforce his rights under 42 U.S.C. § 18116 against Defendant.

**COUNT IV – VIOLATION OF 42 U.S.C. § 1396 et. seq. (THE MEDICAID ACT)  
UNDER 42 U.S.C. § 1983**

84. Plaintiff incorporates by reference his allegations set forth in paragraphs 1 through 65 above.

85. The Regulations exclude Plaintiff from participation in, deny Plaintiff the benefits of, and/or subject Plaintiffs to illegal and unlawful discrimination under the Commonwealth's Medicaid Program in violation of federal Medicaid law.

86. The Defendant's actions in promulgating and enforcing the Regulations violate 42 U.S.C. § 1396a(a)(17) as the Commonwealth's plan fails to "include reasonable standards for determining eligibility for and the extent of medical assistance under the plan."

87. The Defendant's actions in promulgating and enforcing the Regulations violate 42 U.S.C. §§ 1396a(a)(10)(A), as the Commonwealth's plan fails to make medical assistance available to "all categorically needy individuals, including those with a GD diagnosis by providing, at minimum, inpatient hospital services, outpatient hospital services, laboratory and X-ray services, and physicians' services."

88. The Defendant's actions in promulgating and enforcing the Regulations violate 42 U.S.C. § 1396a(a)(19) as the Commonwealth's plan fails to provide medical assistance "in a manner consistent with . . . the best interests of the recipients."

89. The Defendant's actions in promulgating and enforcing the Regulations violate 42 U.S.C. § 1396a(a)(8) as the Commonwealth's plan fails to provide medical assistance "with reasonable promptness to all eligible individuals."

90. The Defendant's actions in promulgating and enforcing the Regulations violate 42 U.S.C. § 1396a(a)(10)(B)(i) as the Commonwealth's plan fails to provide medical assistance "to any [categorically needy] individual shall not be less in amount, duration or scope than the medical assistance made available to other such individuals." 42 U.S.C. § 1396a(a)(10)(B)(i).

91. The Defendant's actions in promulgating and enforcing the Regulations violate 42 U.S.C. § 1396a(a)(30) as the Commonwealth's plan fails to provide that medical assistance "payments are... sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."

92. 42 U.S.C. § 1983 provides that Plaintiff may proceed here to enforce his rights under 42 U.S.C. § 1396 et. seq. against Defendant.

WHEREFORE, Plaintiff respectfully requests that this Court:

A. Enter a declaratory judgment that:

1. The Regulations violate the Equal Protection Clause of the United States Constitution by denying care, services, drugs and/or supplies necessary to treat Medicaid-eligible patients diagnosed with GD;
2. The Regulations are preempted by the Supremacy Clause of the United States Constitution, art. VI., because they are conflict with the Medicaid Act;
3. The Regulations violate Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18116, by denying care, services, drugs and/or supplies necessary to treat Medicaid-eligible patients diagnosed with GD; and,
4. The Regulations violate the Medicaid Act.

B. Issue a preliminary and permanent injunction:

1. Ordering Defendant to immediately provide Plaintiff with medical assistance coverage for all care, services, drugs and supplies prescribed by Plaintiffs' physicians as medically necessary to treat Plaintiffs' GD;
2. Ordering Defendant to immediately withdraw the Regulations; and,
3. Ordering Defendant to provide notice to any and all providers, recipients, Medicaid organizations and any and all other persons or entities Defendant may come into contact with in administering the state Medicaid program that the Regulations are discriminatory, have been withdrawn, and that equal access for GD treatment coverage will immediately be provided to all Medicaid eligible individuals.

C. Award Plaintiff compensatory and punitive damages, costs and disbursements, including reasonable attorneys' fees; and

D. Award Plaintiff such other and further relief as the Court may deem just and proper.

Respectfully submitted,

Date: February 17, 2016

/Julie Chovanes/  
Julie Chovanes, Esq.  
Trans Resource Foundation LLC  
("Trans-Help")  
P.O. Box 4307  
Philadelphia, PA 19118  
267-235-4570  
jchovanes@chovanes.com

Paul R. Fitzmaurice, P.C.  
130 Linden Avenue  
Haddonfield, NJ 08033  
(856) 287-4902  
PaulRFitzmaurice@gmail.com

Counsel for Plaintiff John Doe