
In the
Indiana Court of Appeals

No. 25A-PL-00782

INDIANA STATE HEALTH)
COMMISSIONER, in the officer’s official)
capacity, and VOICES FOR LIFE, INC.,) Appeal from the Marion Superior Court
)
Appellants-Defendants,) Trial Court Cause No. 49D13-2502-PL-
) 006359
v.)
) The Honorable James A. Joven,
CAITLIN BERNARD, M.D., and) Marion Superior Court Judge
CAROLINE ROUSE,)
)
Appellees-Plaintiffs.)

**PROPOSED AMICI CURIAE BRIEF OF NATIONAL ABORTION FEDERATION,
INC., PHYSICIANS FOR REPRODUCTIVE HEALTH, AND ABORTION CARE
NETWORK IN SUPPORT OF APPELLEES-PLAINTIFFS**

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**Petition for Temporary Admission Pending*

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FBI & U.S. Dep’t of Homeland Sec., *Strategic Intelligence Assessment and Data on Domestic Terrorism* (June 2023), <https://www.fbi.gov/file-repository/counterterrorism/fbi-dhs-domestic-terrorism-strategic-report-2023.pdf>9

Joanne D. Rosen & Joel J. Ramirez, *When Doctors Are “Doxxed:” An Analysis of Information Posted on an Antiabortion Website*, 115 *CONTRACEPTION* 1 (Nov. 2022), <https://www.sciencedirect.com/science/article/abs/pii/S0010782422002141> 13, 14

Mead Gruver, *Wyoming Abortion Clinic Arsonist Sentenced to 5 Years*, AP News (Sept. 28, 2023), <https://apnews.com/article/wyoming-abortion-clinic-fire-woman-sentenced-88a92fca874acca5b781c99ac0ba9b6d>.....16

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U.S. Dep’t of Just., *Memorandum on FACE Act Charging Policy from the Chief of Staff to the Att’y Gen., Exercising the Authority of the Acting Assoc. Att’y Gen., to Kathleen Wolfe, Supervisory Official of the Civil Rights Div.* (Jan. 24, 2025), <https://www.justice.gov/media/1386461/dl?inline>12

U.S. Gov’t Accountability Off., *Domestic Terrorism: Further Actions Needed to Strengthen FBI and DHS Collaboration to Counter Threats*, GAO-23-104720 (Feb. 2023), <https://www.gao.gov/assets/gao-23-104720.pdf>9

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STATEMENT OF INTEREST OF AMICI CURIAE

The National Abortion Federation, Inc. ("NAF") is the professional association of abortion providers. NAF's mission is to unite, represent, serve, and support abortion providers in delivering patient-centered, evidence-based care. NAF members include individuals, private and non-profit clinics, Planned Parenthood affiliates, women's health centers, physicians' offices, and hospitals. NAF provides numerous resources to abortion providers and facilities in order to keep staff and their patients safe, including staff preparedness trainings, facility and residential security assessments, and law enforcement assistance.

NAF has been compiling statistics on incidents of violence and disruption against abortion providers since 1977 to detect patterns in anti-abortion activities and appropriately report these trends to law enforcement.

Physicians for Reproductive Health ("PRH") is a doctor-led non-profit that seeks to ensure meaningful access to comprehensive reproductive health care services, including contraception and abortion. Since its founding in 1992, PRH has organized and amplified the voices of

medical providers to advance reproductive health, rights, and justice. PRH's network comprises physicians in all fifty states, the District of Columbia, and Puerto Rico, and includes over 500 physicians. PRH has unique insight into the challenges providers and patients face when confronted by actions designed or applied to prevent pregnant people from accessing necessary medical care, which harms their ability to live freely with dignity, safety, and security.

Abortion Care Network ("ACN") is the national membership association for community-based independent abortion care clinics, which collectively provide the majority of abortion care in the United States. By supporting independent clinics, ACN works to ensure that every person can access dignified, respectful abortion care.

NAF, PRH, and ACN have an interest in ensuring that abortion providers can perform their jobs safely. Their expertise on the incidents of violence and disruption against abortion providers is directly relevant to the Court's analysis of how and why disclosing the information sought by Appellants-Defendants would endanger abortion providers.

SUMMARY OF ARGUMENT

Physicians who provide abortion care in Indiana and across the country face a persistent and well-documented risk of violence. Public disclosure of their names and identifying information has historically facilitated targeted harassment, threats, and violence against them. Once providers are identified publicly, they are exposed to real and immediate danger. These risks are neither speculative nor theoretical; they are substantiated by decades of national data compiled by law enforcement agencies and security experts like NAF. Recognizing this, state and federal courts across the country have repeatedly upheld injunctions and permitted redactions of public records that reveal providers' identities because such disclosures pose a credible and substantial threat of harm. We respectfully urge this Court to do the same. Upholding an injunction in this case is necessary to protect the safety of physicians and other health care professionals in Indiana who provide abortion care.

ARGUMENT

Each Terminated Pregnancy Report (TPR) filed with the Indiana Department of Health includes the facility and the full name and address of

the physician who performed the pregnancy termination. Ind. Code § 16-34-2-5 (2024). Thus, releasing individual TPRs would directly reveal the identity of every abortion provider in the state. Given the threats, harassment, and violence targeting physicians who provide abortion care in Indiana and throughout the country, such disclosure poses a significant risk to their privacy, safety, and ability to continue providing medical care.

I. DECADES OF ANTI-ABORTION VIOLENCE DEMONSTRATE THAT PUBLIC DISCLOSURE OF PROVIDER IDENTITIES THREATENS SAFETY AND ACCESS TO CARE.

Physicians who provide abortions routinely practice medical care in a climate of extreme hostility and omnipresent violence. Abortion providers in Indiana and across the United States have long been the targets of sustained violence, harassment, and intimidation. These threats have intensified in recent years, particularly following the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022).

A. Violence, threats, and harassment against abortion providers are severe and pervasive.

Anti-abortion extremists employ tactics such as arson, physical obstruction, assault, persistent picketing, and death threats to intimidate and instill fear in those providing abortions, and to disrupt access to abortion

care. Since 1977, NAF has documented 1,652 threats of harm or death directed at abortion clinics and staff, 781 incidents of stalking, 570 physical assaults, 42 bombings, and hundreds of arsons and bomb threats. At least 11 individuals have been killed by anti-abortion extremists, and at least 26 others have survived attempted murders.¹

The U.S. Department of Homeland Security (“DHS”) and U.S. Federal Bureau of Investigation identify abortion-related violent extremism as one of five primary categories of domestic terrorism.² Between 2010 and 2021, DHS reported that abortion-related violence made up four percent of all domestic terrorism cases nationwide.³

¹ Nat'l Abortion Fed'n, *2024 Violence & Disruption Statistics* (2024), <https://prochoice.org/our-work/provider-security/2024-naf-violence-disruption/>.

² FBI & U.S. Dep't of Homeland Sec., *Strategic Intelligence Assessment and Data on Domestic Terrorism* 5 (June 2023), <https://www.fbi.gov/file-repository/counterterrorism/fbi-dhs-domestic-terrorism-strategic-report-2023.pdf> (defining abortion-related violent extremism as “potentially unlawful use or threat of force or violence in furtherance of ideological agendas relating to abortion, including individuals who advocate for violence in support of either pro-life or pro-choice beliefs”).

³ U.S. Gov't Accountability Off., *Domestic Terrorism: Further Actions Needed to Strengthen FBI and DHS Collaboration to Counter Threats*, GAO-23-104720, at 29 (Feb. 2023), <https://www.gao.gov/assets/gao-23-104720.pdf>.

Attacks on abortion providers accelerated in the aftermath of *Dobbs*.⁴

In Indiana, providers have experienced coordinated threats and targeted harassment, particularly during periods of heightened public debate or legislative or judicial activity related to abortion.⁵ Nationally, NAF recorded 296 death threats, 12 bomb threats, and over 3,500 suspicious or threatening communications directed at its members through various channels, including phone, mail, email, and social media in 2023 and 2024.⁶ These figures reflect only reported incidents and likely underrepresent the full extent of the threats that providers face. In just the second half of 2024, incidents NAF documented included:

- A North Carolina clinic received a bomb threat warning staff not to enter or exit;

⁴ Nat'l Abortion Fed'n, *Violence Against Abortion Providers Continues to Rise Following Roe Reversal, New Report Finds* (May 11, 2023), <https://prochoice.org/violence-against-abortion-providers-continues-to-rise-following-roe-reversal-new-report-finds/> (finding that in protective states, clinic obstruction incidents increased 538%, stalking by a 913%, and bomb threats by 133% in 2022).

⁵ See, e.g., Tony Cook & Shari Rudavsky, *Caitlin Bernard Briefly Considered Giving Up Abortions After Daughter Kidnapping Threat*, *Indy Star* (July 17, 2022), <https://www.indystar.com/story/news/2022/07/17/dr-caitlin-bernard-daughter-kidnapping-threat-in-2020/65375223007/> (describing threats against Dr. Bernard's family by anti-abortion extremists).

⁶ Nat'l Abortion Fed'n, 2024 Violence & Disruption Statistics, *supra* note 1.

- An Ohio clinic received a call threatening to kill the entire staff;
- A Colorado clinic was vandalized and closed for two days due to a bomb threat;
- A Colorado provider received a death threat eight days after appearing on C-SPAN;
- A Montana provider was targeted with voicemails invoking divine punishment before a speaking engagement;
- Protesters at a Maryland clinic took photos of patient and staff vehicles, announcing their intention to “create a spreadsheet with photos.”

At the same time, federal legal protections have eroded. In January 2025, the U.S. Department of Justice narrowed its enforcement of the Freedom of Access to Clinic Entrances Act (“FACE Act”), a federal statute enacted in 1994 that protects reproductive health care providers and patients from violence and obstruction. Under its revised policy, the Department will pursue only “extraordinary” cases presenting significant aggravating

factors, such as death, serious bodily harm, or significant property damage.⁷

Several pending FACE Act prosecutions have been dismissed, including three ongoing civil FACE Act cases in Tennessee, Pennsylvania, and Ohio, and twenty-three people who had been convicted of violating the FACE Act were granted a presidential pardon.⁸ Incidents of clinic violence originally fell by approximately thirty percent after the FACE Act's enactment, and federal prosecutions became more frequent and impactful.⁹ The narrowing of its enforcement is expected to result in a measurable uptick in protest activity and disruptions at clinics nationwide.

B. Publicly disclosing abortion providers' identities increases their risk of harm.

Once abortion providers are publicly identified – by name, address, or other personal details – the probability of them being targeted for harassment rises sharply. For example, public exposure of providers often

⁷ U.S. Dep't of Just., *Memorandum on FACE Act Charging Policy from the Chief of Staff to the Att'y Gen., Exercising the Authority of the Acting Assoc. Att'y Gen., to Kathleen Wolfe, Supervisory Official of the Civil Rights Div.* (Jan. 24, 2025), <https://www.justice.gov/media/1386461/dl?inline>.

⁸ *Id.*; Donald J. Trump, *Executive Grant of Clemency* (Jan. 23, 2025) (granting full and unconditional pardons).

⁹ Nat'l Abortion Fed'n, *FACE Act Fact Sheet* (2006), https://prochoice.org/wp-content/uploads/face_act.pdf.

leads to invasive, coordinated efforts to intimidate or attack them, including through a tactic known as doxxing.

Doxxing is the intentional release of personal identifying information without consent, typically with the intent to threaten, retaliate, or incite public hostility. In the case of abortion providers, doxxing frequently begins with targeted public records requests to state departments of health for medical license applications or other state-mandated reporting. Anti-abortion organizations then combine this information with other publicly available data to create detailed online dossiers about specific providers. These often include photos and information about where physicians were born, educated, and employed, as well as their professional contacts and other personal details.¹⁰

Alongside this information, anti-abortion organizations publish misleading interpretations of public records in ways intended to incite public outrage, stigmatize individual providers, and to raise inaccurate

¹⁰ See e.g., Joanne D. Rosen & Joel J. Ramirez, *When Doctors Are "Doxxed:" An Analysis of Information Posted on an Antiabortion Website*, 115 CONTRACEPTION 1 (Nov. 2022), <https://www.sciencedirect.com/science/article/abs/pii/S0010782422002141>; see also David S. Cohen & Krysten Connon, *Living in the Crosshairs: The Untold Stories of Anti-Abortion Terrorism* 71-74 (2015).

concerns about their competence. For example, they name the medical facilities where physicians work “abortion mills” and post expired medical licenses as “license restrictions.” The use of such misinformation in online spaces fosters hostility and incites harassment. It also erodes trust in the medical profession.

A prominent example of a doxxing website is run by anti-abortion organization Operation Rescue, which maintains a nationwide, searchable public database of information about abortion clinics and providers. Its site includes photographs, addresses, and even maps showing providers' workplaces. There are at least twenty-seven profiles of Indiana physicians on this doxxing site, which describes itself as the “largest collection of documents on America's abortion cartel.” State medical board files are one of the most common and extensive sources of information on the site. They range in length from ten to more than 150 pages, and can include medical license application and renewal forms, as well as state mandated reporting obtained through public records requests.¹¹

¹¹ See, e.g., Rosen & Ramirez, *supra* note 10, at 2.

Appellant-Defendant Voices for Life maintains a public list of abortion providers it has identified in Indiana on their website, along with providers' names and photos and alleged "violations" found on TPRs.¹²

The personal consequences for providers who are targeted for anti-abortion harassment are significant. Continuous threats, reputational attacks, and invasions of privacy can lead to long-term psychological harm, including anxiety, social withdrawal, and symptoms consistent with post-traumatic stress disorder. Many abortion providers report experiencing chronic stress and anxiety; they have described living in a constant state of fear and apprehension due to targeted attacks.¹³ The resulting effects can include increased staff turnover, diminished capacity for patient care, and reduced access to services. The threat environment may also deter new professionals from entering the field.¹⁴

¹² Voices for Life, *Enforcement Work* (last accessed June 19, 2025), <https://voicesforlife.com/programs/enforcement-team/>.

¹³ Cohen & Connon, *supra* note 10 at 123–46.

¹⁴ See, e.g., Ctr. for Reprod. Rts., *Defending Human Rights: Abortion Providers Facing Threats, Restrictions, and Harassment* 15 (2009), <https://www.reproductiverights.org/sites/default/files/documents/DefendingHumanRights.pdf>.

In addition, the persistent threat of harassment and violence has profound economic and workforce implications. It forces clinics to operate under costly, heightened security protocols and to invest heavily in physical security, diverting resources from patient care. These expenses include installing bulletproof glass, surveillance systems, reinforced entryways, and maintaining coordination with local law enforcement. The financial burden is considerable. For example, in Maryland, lawmakers proposed an \$18 million grant program to help clinics upgrade their security infrastructure—including cameras and lighting—in response to growing threats such as assault, burglary, and bomb scares.¹⁵ In Wyoming, an arson attack caused nearly \$300,000 in damage and delayed the opening of the state’s only full-service abortion clinic by nearly a year.¹⁶

The security costs are not borne in isolation. In Indiana, many abortions are currently provided at major hospital systems. This consolidation heightens the risk that extremist activity will be directed at a

¹⁵ Brian Witte, *Maryland Lawmakers Consider \$18M for Abortion Clinic Security*, AP News (Mar. 1, 2024), <https://apnews.com/article/37f77c201421e83af77f9e181fab1a16>.

¹⁶ Mead Gruver, *Wyoming Abortion Clinic Arsonist Sentenced to 5 Years*, AP News (Sept. 28, 2023), <https://apnews.com/article/wyoming-abortion-clinic-fire-woman-sentenced-88a92fca874acca5b781c99ac0ba9b6d>.

small number of identifiable practitioners – who are lawfully providing care to patients experiencing rape, incest, life-threatening complications, or serious health risk. As threats increase, these larger institutions must absorb the cost of security measures, diverting funds from general health services.

Given the well-documented history of targeted violence against providers, disclosing their identities is not a neutral administrative act; it poses a significant and potentially life-threatening risk and disrupts access to lawful medical care. The unremitting volume and severity of attacks against abortion providers, combined with the rollback of federal legal protections, are compelling justifications for safeguarding provider identities from disclosure.

II. COURTS HAVE RECOGNIZED THE NEED TO LIMIT DISCLOSURES TO PROTECT PROVIDER SAFETY.

State and federal courts alike have consistently recognized the serious safety risks faced by abortion providers and upheld redactions and injunctive relief to protect their identities.

For example, in *Crocco v. Pennsylvania Department of Health*, a Pennsylvania court upheld redactions of abortion provider names and license numbers in abortion-related reports requested under the state's

public records law. 214 A.3d 316 (Pa. Commw. Ct. 2019). The decision was based on compelling evidence, including affidavits from NAF and other security experts, detailing incidents of firebombing, vandalism, harassing calls, and other threats. *Id.* at 319–20, 324. The court noted that allowing the redaction of names, even of private individuals, is rarely permitted under the state's public records law, but found that disclosure was reasonably likely to result in a substantial and demonstrable risk of physical harm and concluded that the state's personal security exemption was appropriately invoked. *Id.* at 324-26.

Similarly, in *National Abortion Federation v. Center for Medical Progress*, the Ninth Circuit upheld a preliminary injunction prohibiting the publication of illicit, surreptitious recordings of NAF annual meetings and the identities of any NAF members learned at the meetings. 685 F.App'x 623 (9th Cir. 2017). The Ninth Circuit affirmed the lower court's finding that the balance of harms favored nondisclosure, citing prior instances in which the release of some of the recordings had led to deadly violence, including a mass shooting at an abortion clinic that resulted in three deaths. *Nat'l*

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Abortion Fed'n v. Ctr. For Med. Progress, No. 15-cv-03522, 2016 WL 454082 at *11, *18 (N.D. Cal. Feb. 5, 2016).

In *Glenn v. Department of Health & Mental Hygiene*, Maryland's highest court upheld a decision by the state health department to redact the names and email addresses of abortion facility staff. 132 A.3d 245, 255 (Md. 2016). The court emphasized the historical context of violence and intimidation against providers:

Because of the history nationally of harassment and violence associated with the provision of abortion services, there is a palpable basis for concern that releasing the redacted information would jeopardize medical professionals from practicing within this particular field, which would deter ultimately access to women who seek an abortion in Maryland. The risk of violence is not speculative and is based on the ample evidence presented.

Id. at 253. In finding that the history of violence associated with the provision of abortion care is "undeniable," the court concluded that the agency's redactions were a permissible exercise of its responsibility to protect individuals from harm. *Id.* at 251-52.

Likewise, in *New Hampshire Right to Life v. New Hampshire Charitable Trusts Unit*, the New Hampshire Supreme Court upheld the redaction of individuals' names on Board of Pharmacy licensing renewal documents for

reproductive health clinics. 143 A.3d 829, 851–53 (N.H. 2016). The court found that the individuals had a privacy interest in the nondisclosure of their identities under the state's open records law. *Id.* at 851–52. In reaching this conclusion, the court determined that any public interest in disclosing the names of clinic personnel was “attenuated at best” and did not outweigh the privacy and safety concerns presented, given the history of violence associated with the provision of abortion care. *Id.* at 852.

Finally, in *Judicial Watch, Inc. v. Food & Drug Administration*, the D.C. Circuit upheld the FDA's decision to withhold the names and addresses of individuals involved in the approval of mifepristone, citing the foreseeable risk of abortion-related violence. 449 F.3d 141, 152–53 (D.C. Cir. 2006). The court concluded that “the private interest in avoiding harassment or violence tilts the scales” against disclosure. *Id.* at 153. It emphasized that credible threats—including abortion clinic bombings and threats from websites urging readers to locate and harm mifepristone manufacturers—justified the redactions. *Id.* The D.C. Circuit reasoned that if such minimal disclosures implicate privacy concerns, the interest in preventing physical danger is all the more compelling. *Id.*

Collectively, these decisions reflect a consistent judicial approach. Given the credible evidence of risk of harm to physicians who provide abortion care, the protection of individual safety justifies reasonable limitations on public disclosures.

CONCLUSION

Across decades and jurisdictions, the evidence is unequivocal: when providers are publicly identified, they are targeted for harassment and abuse. This targeting is not abstract—it results in real-world harm, from threats and stalking to violence and murder. For the reasons given here, as well as in Appellees-Plaintiffs' brief, the Marion Superior Court's preliminary injunction should be affirmed.

Respectfully submitted,

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