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IN THE

Indiana Supreme Court

Case No. 25A-PL-00782

INDIANA STATE HEALTH COMMISSIONER, in the officer's official capacity; and VOICES FOR LIFE, INC.,	)	Interlocutory Appeal from the Marion Superior Court
Appellants,	)	
v.	)	
CAITLIN BERNARD, M.D.; and CAROLINE ROUSE, M.D.,	)	Case No. 49D13-2502-PL-006359
Appellees.	)	Hon. James A. Joven, Judge

BRIEF IN RESPONSE TO PETITIONS TO TRANSFER

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QUESTIONS PRESENTED ON TRANSFER

1. Whether physicians who create terminated pregnancy reports ("TPRs") in accordance with Indiana Code Section 16-34-2-5, and are identified in them by name, have standing to seek a declaratory judgment that TPRs are exempt from disclosure under Indiana's Access to Public Records Act ("APRA").

2. Whether the Uniform Declaratory Judgments Act ("UDJA") provides physicians "whose rights, status, or other legal relations" are affected by APRA with a private right of action to seek judicial determination of a "question of construction or validity arising under" APRA.

3. Whether TPRs satisfy APRA's exemption for patient medical records.

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INTRODUCTION

This interlocutory appeal concerns a straightforward question of statutory interpretation: whether the exemption for patient medical records contained in APRA, Ind. Code § 5-14-3-4(a)(9), encompasses the TPRs that doctors who provide abortions must submit to the Indiana Department of Health ("Department") in accordance with Ind. Code § 16-34-2-5. Applying clear and unambiguous statutory definitions of "patient," Ind. Code § 5-14-3-2(m) (citing Ind. Code § 16-18-2-272(d)), and "medical record," Ind. Code § 1-1-4-5(a)(6), the court of appeals concluded that it does, and it affirmed a preliminary injunction entered by the superior court barring the Department from publicly disclosing TPRs under APRA while this case remains pending, *Ind. State Health Dep't v. Bernard*, No. 25A-PL-782, __ N.E.3d __, 2025 WL 3492870, *9, 14 (Ind. Ct. App. Dec. 5, 2025).

Notably, the Department voluntarily stopped disclosing TPRs in response to APRA requests in 2023, following changes in the law that led it to seek advice from the Public Access Counselor, who issued an informal opinion concluding that TPRs are exempt from APRA's disclosure requirements. *Id.* at *4. The preliminary injunction in this case simply maintains the status quo that has existed since then.

Contrary to Appellants' assertions, Plaintiffs Caitlin Bernard, M.D., and Caroline Rouse, M.D. (collectively, the "Doctors"), do not bring any claims under APRA. Instead, they bring a claim under the UDJA, which provides that "[a]ny person … whose rights, status, or other legal relations are affected by a statute … may have determined any question of construction or validity arising under the … statute …." Ind. Code § 34-14-1-2. Because the Doctors created TPRs that are currently in the Department's possession; those TPRs contain their names and business addresses; and they would stand to suffer an array of injuries including unwanted publicity, erosion of patient trust and goodwill, reputational harm, and increased harassment by abortion opponents

should those TPRs be publicly disclosed, the Doctors have standing to seek a declaratory judgment that TPRs are exempt from APRA's disclosure requirements, and the UDJA provides them with a statutory cause of action.

As further explained below, the legal issues in this case are not complex, the court of appeals faithfully applied settled precedent in resolving them, and a bill is currently pending in the General Assembly that could moot or significantly impact the questions presented. For those reasons, the Court should deny the Petitions to Transfer.

BACKGROUND AND PRIOR TREATMENT OF ISSUES ON TRANSFER

In 2024, Voices for Life, Inc. ("VFL") sued the Department after it denied VFL's requests to obtain certain TPRs under APRA. *Bernard*, 2025 WL 3492870, *4. The Doctors, who had created many of the TPRs that VFL sought, intervened as defendants as of right. *Id.* The superior court dismissed the lawsuit, and VFL appealed. *Id.* After the Attorney General relieved the Department's outside counsel, VFL moved for an extension of time to file its opening brief, telling the court that: "VFL has been contacted by the Indiana Office of the Indiana Attorney General (OAG)" and "VFL is in discussions with the OAG that would settle this litigation." Verified Mot. for Extension of Time to File Br. of Appellant at 2, *Voices for Life, Inc. v. Ind. Dep't of Health*, No. 24A-MI-02396 (Ind. Ct. App. Jan. 14, 2025). Subsequently, VFL informed the court that it had reached an out-of-court settlement with the Department and moved to voluntarily dismiss its appeal. Voluntary Mot. to Dismiss at 2, *Voices for Life, Inc. v. Ind. Dep't of Health*, No. 24A-MI-02396 (Ind. Ct. App. Feb. 4, 2025).

The settlement agreement between VFL and the Department ("Settlement Agreement") requires the Department to "[i]mmediately release terminated pregnancy reports as public records upon lawful request and not designate the reports as confidential medical records." Appellants' J.A. vol. 2 at 94. At the same time, it *prohibits* the Department from redacting key information

that could potentially be used to determine a patient's identity, including information concerning the patient's diagnosis and treatment. *Id.* at 94-96.

On February 6, 2025, the Doctors filed this lawsuit against the Indiana State Health Commissioner (the "State") and VFL, seeking a declaratory judgment that TPRs are exempt from disclosure under APRA. Appellants' J.A. vol. 2 at 41. Following an evidentiary hearing, the superior court entered a preliminary injunction. *Id.* at 30-31. The State and VFL each filed interlocutory appeals. Appellants' J.A. vol. 3 at 59.

On December 5, 2025, the court of appeals affirmed the preliminary injunction. *Bernard*, 2025 WL 3492870 at *1. First, the court of appeals held that the Doctors have standing to seek a declaratory judgment. *Id.* at *5-7. It agreed with the superior court that the Doctors stand to suffer direct, personal injury from public disclosure of TPRs in the form of erosion of patient trust and goodwill. *Id.* at *6. Additionally, the court of appeals held that the Doctors were injured by a legal "conundrum" arising from the Attorney General's conflicting positions concerning the scope of their duty to maintain the confidentiality of patient health information. *Id.* The court of appeals also held that the Doctors would face "concrete injuries, including reputational harm, increased harassment, and erosion of public trust" if the Department publicly disclosed TPRs. *Id.* at *7.

Next, the court of appeals held that the superior court did not abuse its discretion in entering a preliminary injunction. *Id.* at *14. As relevant here, it rejected the State's argument "that Doctors are using an injunction to privately enforce the APRA, where no private right of action exists," holding instead that "Doctors are merely seeking a judicial interpretation of the APRA regarding the disclosability of TPRs and requesting injunctive relief to preserve the status quo (i.e., maintaining TPRs in the Department's custody) pending an adjudication of that issue." *Id.* at *8 n.9. It explained that this declaratory judgment action is consistent with the constitutional

separation of powers because "it is the core constitutional function of the judiciary … 'to say what the law is[.]'" *Id.* (*quoting Ind. Off. of Util. Consumer Couns. v. Duke Energy Ind., LLC*, 248 N.E.3d 1205, 1211 (Ind. 2024)).

The court of appeals then held that the Doctors are likely to succeed on the merits of their claim because TPRs are encompassed in APRA's exemption for patient medical records. *Id.* at *9. It reached this conclusion by analyzing applicable statutory definitions of the terms "patient" and "medical record." *Id.* at *9 & n.10.

ARGUMENT

I. The Court of Appeals Faithfully Applied Settled Precedent to Determine That the Doctors Have Standing

The requirements for standing under Indiana law are well settled and not in dispute. As this Court recently explained: "Standing requires litigants to demonstrate a sufficient injury before a court can decide the substantive issues of their claims." *Holcomb v. Bray*, 187 N.E.3d 1268, 1286 (Ind. 2022). "An injury must be personal, direct, and one the plaintiff has suffered or is in imminent danger of suffering." *Id.* "Under the [UDJA], which is designed to allow parties to resolve conflicts while there is still time for 'peaceable judicial settlement,' plaintiffs can satisfy the injury requirement by showing their rights are implicated in such a way that they could suffer an injury." *Id.* at 1287 (citation omitted).

The court of appeals faithfully applied this standard in determining that the Doctors have standing to assert a claim under the UDJA. *See Bernard*, 2025 WL 3492870, at *5-7. It found that public disclosure of TPRs threatened to have a chilling effect on the Doctors' relationship with their patients and lead some patients to seek care elsewhere. *Id.* at *6. It credited the superior court's reasoning that this harm is not speculative because at least one patient already "left Dr.

Bernard's care for an out-of-state abortion provider to avoid the public release of the patient's information via a TPR APRA request." *Id.* (quoting Appellants' J.A. vol. 2 at 15).

Further, the court of appeals found that, in the absence of judicial clarification of their rights and obligations, the Doctors would face a legal "conundrum" because the position taken by the Attorney General's Office in this case is contrary to the position it took in an earlier proceeding before the Medical Licensing Board of Indiana ("Medical Board"). *Id.* At the Attorney General's urging, the Medical Board disciplined Dr. Bernard for disclosing a small subset of the information contained in a TPR in the context of public advocacy for abortion access. *Id.* ("Dr. Bernard was sanctioned for publicly disclosing patient information—age, state of residence, gestational age, and treatment date—because it identified her patient. The State now deems this same information non-identifying when contained in TPRs and plans to publicly release it."). The ambiguity about the boundary between the Doctor's legal right to disclose information relevant to an ongoing public policy debate and their legal obligation to maintain the confidentiality of certain patient information created by the government's inconsistent positions is precisely the type of injury that a declaratory judgment is meant to remedy. *See id.* at *7 ("[T]he State's contradictory positions create legal uncertainty that itself constitutes injury."); *Holcomb*, 187 N.E.3d at 1284 ("Declaratory judgments are an expeditious and economical way to decide controversies while there is still time for 'peaceable judicial settlement.' They allow courts to declare the rights of parties and to express an opinion on a question of law without necessarily ordering the parties to take any specific action." (citations omitted)).

In addition, the Doctors have a direct, personal stake in avoiding unwanted publicity from the disclosure of TPRs, which contain their names and business addresses. Appellees' App. vol. 2 at 3. The court of appeals recognized that, in addition to being an injury in itself, such unwanted

publicity threatened to cause other "concrete injuries," including "reputational harm, increased harassment, and erosion of public trust." *Bernard*, 2025 WL 3492870 at *7. The Doctors' prior experience demonstrates that these injuries are not speculative. For example, VFL has a documented history of using TPRs released by the Department to bolster false and misleading assertions that Dr. Bernard and other abortion providers violated the law. *See id.* at *7 n.7 ("VFL's website identified Dr. Bernard, displayed her photo, and accused her of committing four 'violations' of Indiana law. Dr. Bernard testified that she has not been prosecuted or sanctioned in connection with that conduct. She also described some of VFL's allegations as reflecting a fundamental misunderstanding of abortion requirements in Indiana."). Moreover, TPRs contain detailed information about specific abortion procedures each Doctor performed, which can serve to inflame abortion opponents, and Dr. Bernard has a history of being threatened and harassed by anti-abortion extremists. *Id.* ("[Dr. Bernard] reported being contacted by the FBI several years ago about 'a threat that somebody was going to kidnap my daughter to prevent me from providing abortion[s].'").

Notably, the General Assembly has recognized that anyone who supplies information to a state agency has a personal interest in whether the agency releases that information to the public. APRA grants "each person who supplied any part of the public record at issue" an unconditional right to intervene in any lawsuit brought to compel its disclosure. Ind. Code § 5-14-3-9(e).

Appellants' argument that disclosure of TPRs would not injure the Doctors because the information contained in the reports is "anonymized," *see, e.g.*, State Pet. at 12; VFL Pet. at 7, is incorrect for two reasons. First, the patient information contained in TPRs is *not* anonymized. Although the reports contain a numerical patient identifier rather than a patient's name, Appellees' App. vol. 2 at 2, they contain other information that could be used to identify a patient. As the

court of appeals noted, "the settlement between VFL and the Department requires the Department to 'release [TPRs] as public records upon lawful request' without redacting the very information that Dr. Bernard was disciplined for disclosing," *Bernard*, 2025 WL 3492870 at *7, and the basis for the discipline was the Medical Board's conclusion that the information was used by a reporter to identify a patient, *see* Appellants' J.A. vol. 2 at 69.[1] The Public Access Counselor likewise concluded that the information in a TPR could be used to identify a patient. *Id.* at 83-84. Indeed, disclosure of TPRs would fail to satisfy the safe harbor provision in HIPAA's Privacy Rule because, among other things, the Department agreed never to redact "[t]he date of the abortion obtained by the patient." *Id.* at 94; *see* 45 C.F.R. § 164.514(b)(2)(i)(C).[2]

Second, TPRs contain the Doctors' own names and business addresses. Appellees' App. vol. 2 at 3. The unwanted publicity that would flow from the public disclosure of detailed information about specific abortion procedures the Doctors performed is an injury for the reasons discussed above.

II. The UDJA Provides the Doctors with a Private Right of Action to Seek Judicial Construction of APRA

Appellants' contention that APRA lacks a private right of action is inapposite. State Pet. at 16; VFL Pet. at 14. Plaintiffs bring this lawsuit not under APRA, but under the UDJA, which

[1] The State argues that that situation was "highly unusual" because it involved "a ten-year-old rape victim from Ohio." State Pet. at 12. But the Department agreed never to redact from TPRs: "[t]he age of the patient"; "[t]he state of the patient's residence"; and whether "[t]he pregnancy was a result of rape or incest." Appellants' J.A. vol. 2 at 94-96.

[2] The State falsely asserts "plaintiffs conceded that minimally redacted reports would qualify for a federal safe harbor." State Pet. at 14 (citing Appellees' Br. at 35). The Doctors made no such concession. *See* Appellees' Br. at 35. To satisfy the safe harbor provision in HIPAA's Privacy Rule, two conditions must be met. The disclosing party must remove eighteen specified data points from the protected health information at issue, and the disclosing party must not "have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information." 45 C.F.R. § 164.514(b)(2).

grants courts "the power to declare rights, status, and other legal relations whether or not further relief is or could be claimed." Ind. Code § 34-14-1-1; *see* Appellants' J.A. vol. 2 at 32, 40-41. "Any person … whose rights, status, or other legal relations are affected by a statute … may have determined any question of construction or validity arising under the … statute … and obtain a declaration of rights, status, or other legal relations thereunder." Ind. Code § 34-14-1-2. "No action or proceeding is open to objection on the ground that a declaratory judgment or decree is prayed for." *Id.* § 34-14-1-1. Further, the UDJA is "remedial." *Id.* § 34-14-1-12. Its purpose "is to settle and to afford relief from uncertainty and insecurity with respect to rights, status and other legal relations; and [it] is to be liberally construed and administered." *Id.*

"Notably, though the Legislature did not define what it meant to be 'affected by a statute,'" this Court held "it requires a plaintiff must have standing and that their claims must be ripe." *Holcomb*, 187 N.E.3d at 1284-85. As explained above, the court of appeals correctly concluded that Plaintiffs have standing, *see supra* at 4-7, and the ripeness of their claims is not in dispute. Accordingly, the UDJA authorizes them to seek a declaration that TPRs are exempt from APRA's disclosure requirements.

The State's assertion that a party with standing cannot seek a declaratory judgment concerning a question of statutory construction unless the statute at issue confers an independent private right of action is just plain wrong. State Pet. at 17-18. Neither Indiana case cited by the State supports its position. In *HealthPort Technologies, LLC v. Garrison Law Firm, LLC*, the plaintiff "filed a complaint for damages," and the court held that he lacked a private right of action to seek that remedy. 51 N.E.3d 1236, 1237 (Ind. Ct. App. 2016), *trans. denied*, 54 N.E.3d 372 (Ind. 2016). In *Serbon v. City of East Chicago*, the court held that the plaintiff lacked standing to

enforce an Indiana statute, even though the statute created a private right of action. 194 N.E.3d 84, 96 (Ind. Ct. App. 2022). Neither case concerned the UDJA.[3]

The State's contention that, even if the UDJA provides a private right of action, it does not authorize the issuance of a preliminary injunction, also falls flat. State Pet. at 19-20. A trial court does not need statutory authorization to issue a preliminary injunction. The power to grant such equitable relief lies within the court's discretion. *See Barlow v. Sipes*, 744 N.E.2d 1, 5 (Ind. Ct. App. 2001), *trans. denied*, 753 N.E.2d 16 (Ind. 2001); *McGlothen v. Heritage Env't Servs., L.L.C.*, 705 N.E.2d 1069, 1073 (Ind. Ct. App. 1999) ("The grant or denial of a preliminary injunction rests within the equitable discretion of the trial court …."). "The purpose of a preliminary injunction is to preserve the status quo pending an adjudication on the merits," regardless of the nature of the claims at issue. *In re Paternity of H.F.D.S.*, 247 N.E.3d 834, 837 (Ind. Ct. App. 2024), *trans. denied sub nom. Kalis v. Simmons*, 253 N.E.3d 524 (Ind. 2025).

[3] The federal cases cited by the State are likewise inapposite. *Michigan Corrections Organization v. Michigan Department of Corrections* concerns Eleventh Amendment limitations on federal court jurisdiction, an issue not relevant to this case. 774 F.3d 895, 902 (6th Cir. 2014) (rejecting the plaintiffs' attempt to "invoke the [federal] Declaratory Judgment Act and *Ex parte Young* as a way to overcome, or at least sidestep, Michigan's immunity from suit."). *Skelly Oil Co. v. Phillips Petroleum Co.* concerns statutory limitations on federal court jurisdiction. 339 U.S. 667, 672 (1950) ("[T]he requirements of jurisdiction—the limited subject matters which alone Congress had authorized the District Courts to adjudicate—were not impliedly repealed or modified [by the federal Declaratory Judgment Act]."). *Alarm Detection Systems, Inc. v. Orlando Fire Protection District* addresses claims "brought under the [Illinois] District Act, the Sherman Act, and the Fourteenth Amendment." 929 F.3d 865, 869 (7th Cir. 2019). It makes no reference at all to either the UDJA or federal declaratory judgment statute, and its entire discussion of declaratory relief is limited to a cryptic, two-sentence footnote, *id.* at 871 n.2, which cites a U.S. Supreme Court case concerning federal subject-matter jurisdiction, *see Schilling v. Rogers*, 363 U.S. 666, 677 (1960) ("[T]he Declaratory Judgements Act is not an independent source of federal jurisdiction; the availability of such relief presupposes the existence of a judicially remediable right.").

III. Terminated Pregnancy Reports Are Exempt from APRA's Disclosure Requirement Because They Satisfy the Statutory Definition of Medical Record

APRA generally requires State agencies to provide members of the public with access to public records in their possession. *See* Ind. Code § 5-14-3-3. However, the statute exempts certain public records from its disclosure requirement. *Id.* § 5-14-3-4. These include "[p]atient medical records and charts created by a provider, unless the patient gives written consent" to their disclosure. *Id.* § 5-14-3-4(a)(9).

Based on a straightforward interpretation of the language of APRA, the court of appeals concluded that Plaintiffs are likely to succeed on the merits of their declaratory judgment claim because TPRs are patient medical records that are exempt from disclosure under APRA. *See Bernard*, 2025 WL 3492870 at *9-10. APRA defines "patient" as "an individual who has received health care services from a provider for the examination, treatment, diagnosis, or prevention of a physical or mental condition." Ind. Code § 16-18-2-272(d) (cited by Ind. Code § 5-14-3-2(m)). That definition plainly encompasses the Doctors' abortion patients. Although APRA itself does not define the term "medical record," the Indiana Code defines that term generally as "written or printed information possessed by a provider … concerning any diagnosis, treatment, or prognosis of the patient." Ind. Code § 1-1-4-5(a)(6). TPRs satisfy this definition. They contain detailed information about an abortion patient's underlying health conditions, including specific diagnosis codes, as well as detailed information about the abortion itself, which is a medical treatment. *Id.* § 16-34-2-5(a); *see* Appellants' J.A. vol. 2 at 22. Further, TPRs are created and possessed by a provider. *See* Ind. Code § 16-34-2-5(a) (requiring "[e]very health care provider" who provides an abortion to submit a TPR to the Department); *id.* § 16-34-2-5.1 (requiring providers to retain a signed copy of a TPR "in the pregnant woman's patient file"); Appellees' App. vol. 2 at 19.

The text of the TPR statute further demonstrates that the General Assembly views TPRs as medical records rather than public records subject to disclosure under APRA. *See* Ind. Code § 16-34-2-5(e)-(f). The statute directs the Department to compile a "public report" based on data contained in the TPRs on a quarterly basis, suggesting that the TPRs themselves are not meant to be public. *Id.* § 16-34-2-5(e). And it further directs the Department to ensure that "no identifying information of a pregnant woman is contained in the [public] report," a directive that would be necessary only if TPRs contained such identifying information in the first place. *Id.* § 16-34-2-5(f).

Appellants' contention that APRA's exemption for patient medical records excludes records that do not contain the patient's name, State Pet. at 20-21; VFL Pet. at 18-19, is inconsistent with the statutory language, which contains no such limitation, *see Bernard*, 2025 WL 3492870 at *9 ("Indiana Code Section 5-14-3-4(a)(9) does not say that a patient's name must be in a medical record for it to be considered a patient medical record under the APRA."). Each TPR contains a unique patient identifier and dozens of data points concerning that particular patient, including information about that patient's diagnosis, treatment, and prognosis. Appellees' App. vol. 2 at 2-5. Further, contrary to the State's assertions, TPRs do not eliminate all "identifiable patient information." State Pet. at 21; *see supra* at 6-7; Ind. Code § 16-34-2-5(f) (directing the Department to ensure that "no identifying information of a pregnant woman" is included in the quarterly public report derived from individual TPRs).[4]

The State criticizes the court of appeals for "doubl[ing] down on the idea that the Department cannot redact information" from TPRs. State Pet. at 22. But the Settlement

[4] The Doctors do not contend that disclosure of the quarterly public reports containing truly anonymized data is unlawful. Thus, the State's analogy to anonymized public health data is inapposite. State Pet. at 22.

Agreement expressly prohibits the Department from redacting information that satisfies the statutory definition of medical record. *See* Appellants' J.A. vol. 2 at 94-96; Ind. Code § 1-1-4-5(a)(6). The State's contention that the Settlement Agreement does not mean what it says, State Pet. at 12-13, is neither credible nor legally relevant. Contracts, like statutes, are interpreted in accordance with their plain language. *See AM Gen. LLC. v. Armour*, 46 N.E.3d 436, 440 (Ind. 2015) ("The primary rule of construction first requires giving the words of the contract their plain and ordinary meaning. 'Clear and unambiguous terms in the contract are deemed conclusive, and when they are present we will not construe or look to extrinsic evidence, but will merely apply the contractual provisions.'" (citations omitted)).

Finally, the State's contention that the preliminary injunction is overbroad is unpersuasive. State Pet. at 23. If the Doctors ultimately succeed at final judgment, the proper remedy would be a declaratory judgment that TPRs are exempt from disclosure under APRA. Such a declaration would apply to all TPRs in the Department's possession. It was not an abuse of discretion for the superior court to enter a preliminary injunction that mirrors the impact a final judgment for the Doctors would have, particularly where the preliminary injunction simply maintained the status quo that had existed for more than a year.

IV. Pending Legislation Concerning the Disclosability of Terminated Pregnancy Reports Makes This Interlocutory Appeal a Poor Vehicle for Supreme Court Review

A bill was recently introduced in the General Assembly that would amend relevant provisions of the TPR statute, and it remains pending. Ind. S.B. 236 (2026 Reg. Sess.); *see also* Leslie Bonilla Muniz, *Abortion-inducing drug ban's lawsuit, reporting provisions take heat*, Ind. Capital Chronicle, Jan. 22, 2026, https://indianacapitalchronicle.com/2026/01/22/abortion-inducing-drug-bans-lawsuit-reporting-provisions-take-heat/. Although the fate of this bill is not yet known, it has the potential to significantly impact or even moot the questions of statutory

construction at the heart of this case. Given this, transfer would not be a judicious use of this Court's limited resources, especially since the instant appeal is interlocutory. Should the superior court ultimately enter a final judgment against the State and VFL, they will have an opportunity to appeal it and may seek transfer again at that time, if warranted.

CONCLUSION

For the reasons set forth above, this Court should deny the Petitions to Transfer.

Dated: February 11, 2026

Respectfully submitted,

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WORD COUNT CERTIFICATE

In accordance with Indiana Rule of Appellate Procedure 44, I hereby verify that the foregoing brief contains 4,191 words excluding the cover page, table of contents, table of authorities, signature block, word count certificate, and certificate of service.

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CERTIFICATE OF SERVICE

I hereby certify that, on February 11, 2026, the foregoing document was electronically filed using the Indiana E-Filing System (IEFS). I further certify that, on February 11, 2026, the foregoing document was served on the following individuals via IEFS:

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