FILED
Anita Escobedo
CLERK, SUPERIOR COURT
05/06/2026 10:31AM
BY: CCASTANEDA
DEPUTY

Tom Slutes, Esq. (SBN #001212)
Monika Kozan, Esq. (SBN #37817)
SLUTES, SAKRISON & ROGERS, P.C.
4801 E. Broadway, Suite 301
Tucson, Arizona 85711
Telephone: (520) 624-6691
Facsimile: (520) 791-9632
TSlutes@sluteslaw.com
mkozan@sluteslaw.com
Attorneys for Defendants Jackrabbit Family Medicine, Inc. an Arizona corporation, dba Camelback Family Planning and Gabrielle J. Goodrick, M.D.

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF GILA

THE ESTATE OF BABY VILLEGAS, DECEASED, by and through MARIO VILLEGAS; MARIO VILLEGAS on his own behalf and on behalf of all survivors of BABY VILLEGAS, Deceased Plaintiff, vs. JACKRABBIT FAMILY MEDICINE, INC., an Arizona corporation dba CAMELBACK FAMILY PLANNING, GABRIELLE J. GOODRICK, M.D. and "JANE DOE GOODRICK" a married couple, and KRISTIN J. LIVINGSTON, M.D. and "JOHN DOE LIVINGSTON," a married couple, et. al. Defendants.	**Case No. S0400CV202200007** **DEFENDANTS' WRITTEN CLOSING ARGUMENTS, POST-TRIAL BRIEF, PROPOSED FINDINGS OF FACT & CONCLUSIONS OF LAW** **(Assigned to Hon. Bryan B. Chambers)**

Following a two-day bench trial on February 10–11, 2026, the Court ordered written closing statements addressing burdens of proof, a judicial notice issue, and proposed findings of fact and conclusions of law. Defendants submit this brief in compliance with that order and in support of judgment in their favor.

TABLE OF CONTENTS

Table of Authorities iii

Closing Arguments & Post-Trial Brief 1

I. Closing Argument & Trial Brief Introduction 1

II. Standard and Burden of Proof 3

III. Plaintiff Failed to Meet His Burden of Proof. 4

A. Plaintiff Fails to Establish Statutory Entitlement to Any Recovery. 4

1. The Record Shows Plaintiff's Misrepresentation Materially Altered theNature of the Sexual Act. 5

2. Evidence of Coercive Control Corroborates the Evidence of Deception. 7

3. The Court should not take judicial notice of Plaintiff's Exhibits 11 & 12. 9

B. Alternatively, Plaintiff's Award for Damages Should Be Limited to $5,000 in Statutory Damages. 11

1. Should the Court Find That Plaintiff Satisfies the Act's Requirements to File an Action, Plaintiff Would be Entitled to an Award of Statutory Damages in the Amount of Five Thousand Dollars. 11

2. Plaintiff is Not Entitled to Compensatory Damages for Pain and Suffering under A.R.S. § 36-2153(L)(1). 12

3. Plaintiff is Not Entitled to Punitive Damages 17

IV. Conclusion 18

Defendants' Proposed Findings of Fact. 19

A. Procedural Facts 19

B. Parties and Witnesses 20

C. Relationship and Coercion 22

D. Plaintiff's Alleged Damages and Causation 33

Defendants' Proposed Conclusions of Law. 40

TABLE OF AUTHORITIES

PAGE(S)

CASES

Aileen H. Char Life Int. v. Maricopa Cnty., 208 Ariz. 286 (2004) 4, 52

Am. Pepper Supply Co. v. Fed. Ins. Co., 208 Ariz. 307 (2004) 4, 52

Aranda v. Cardenas, 215 Ariz. 210 (App. 2007) 5, 52

Fitzgerald v. Superior Court, 173 Ariz. 539 (App. 1992) 4, 52

Harvest v. Craig, 195 Ariz. 521 (App. 1999) 5

Henke v. Hosp. Dev. of W. Phoenix, Inc., 578 P.3d 47 (Ariz. 2025) 4

In re Est. of Winn, 225 Ariz. 275 (App. 2010) 21

In re Stephanie B., 204 Ariz. 466 (App. 2003) 4, 52

Kent K. v. Bobby M., 210 Ariz. 279 (2005) 4

Linthicum v. Nationwide Life Ins. Co., 150 Ariz. 326 (1986) 4, 21

Pfeil v. Smith, 183 Ariz. 63 (App. 1995) 4, 52

Phelps Dodge Corp. v. Ford, 68 Ariz. 190 (1949) 13

Quinonez ex rel. Quinonez v. Andersen, 144 Ariz. 193 (App. 1984) 21

Roberts v. City of Phoenix, 225 Ariz. 112 (App. 2010) 15, 54

Schweiger v. China Doll Rest., Inc., 138 Ariz. 183 (App. 1983) 14, 54

Scottsdale Mem. Health Sys., Inc. v. Clark, 157 Ariz. 461 (Ariz. Banc. 1988) 12

State ex rel. Winkleman v. Ariz. Navigable Stream Adjudication Comm'n, 224 Ariz 230 (App. 2010) 12, 13

State v. Lynch, 115 Ariz. 19 (App. 1977) 12

State v. Schackart, 190 Ariz. 238, 246 (1997) 6, 53

State v. Van Adams, 194 Ariz. 408 (1999) 9, 55

State v. Witwer, 175 Ariz. 305 (App. 1993) 6, 53

Swift Transp. Co. of Ariz. L.L.C. v. Carman ex rel. Cnty. of Yavapai, 253 Ariz. 499 (2022) 22, 23, 55

Trus Joist Corp. v. Safeco Ins. Co. of Am., 153 Ariz. 95 (App. 1986) 14, 15, 54

STATUTES

A.R.S. § 13-1401 ..... 6, 8, 53

A.R.S. § 13-1406 6

A.R.S. § 36-2153(L) 21, 55

A.R.S. § 36-2153(L)(1) 3, 15, 21

A.R.S. § 36-2153(L)(2) 2, 14, 54

A.R.S. § 36-2153(L)(3) 14, 54

A.R.S. § 36-2153(K)(2) ..... *passim*

CLOSING ARGUMENTS & POST-TRIAL BRIEF

I. Closing Argument & Trial Brief Introduction

Plaintiff Mario Villegas asks this Court to insert itself into a lawful and deeply personal medical decision made by his ex-wife, M.S.V. (the "Patient"). He invokes the Women's Right to Know Act ("§ 36-2153" or the "Act") to continue a pattern of control that defined their marriage. Plaintiff's own testimony confirms that this is precisely his aim. Tr. 156:21–158:2 (Villegas Test.) (Feb. 10, 2026). He believes that the embryo was "a part of [him]" and that his consent should have been required. Tr. 133:4–10, 134:4–7, 156:21–158:2 (Villegas Test.) (Feb. 10, 2026). He therefore sues Defendants, the Patient's medical providers, even though § 36-2153 gives him no right to stop an abortion. The Act does not permit a spouse to substitute his preference for the patient's autonomous decision to terminate a pregnancy.

Indeed, the Act creates a cause of action only for a defined class of plaintiffs and for defined injuries. This case presents two questions: (1) whether Plaintiff falls within the class protected by the statute and, if so, (2) whether any violation of § 36-2153 caused a legally cognizable injury under § 36-2153(L)(1). Plaintiff bears the burden on both, but he meets neither.

The Act requires a husband to show that the pregnancy did not result from his own criminal conduct. That limitation is dispositive here because the evidence establishes that the pregnancy did result from his own criminal conduct. The Patient testified that Plaintiff misrepresented his vasectomy status, leading her to believe intercourse could not result in pregnancy—deception that, under Arizona law, vitiates consent and constitutes criminal conduct. The record, including corroborating testimony and expert evidence on reproductive coercion and coercive control, confirms that this misrepresentation materially altered the nature of the sexual act and occurred within a relationship marked by dependence, isolation, and control. Because § 36-2153 excludes recovery where a plaintiff's own criminal conduct caused the pregnancy, A.R.S. § 36-2153(K)(2), Plaintiff falls outside the class of individuals entitled to relief, and his claim fails as a matter of law.

Even if Plaintiff could proceed under the Act, the record forecloses any recovery beyond the minimum statutory amount. At most, he would be entitled to $5,000 in statutory damages, as the undisputed cost of the abortion was $620. *See* A.R.S. § 36-2153(L)(2). Plaintiff cannot recover compensatory damages because his claimed emotional injuries are speculative, arose before Defendants' involvement, and stem from the Patient's unwavering and independent decision to terminate the pregnancy—one he knew she would make and actively facilitated. Nor can he recover punitive damages, which the Act does not authorize and which the record could not support in any event, given the absence of any evidence of wrongful intent or outrageous conduct by Defendants.

Plaintiff called only two witnesses. His expert, an OB-GYN, has no experience providing or referring for abortion care and lacks sufficient information about the Patient's medical history to offer a reliable opinion on whether *this* pregnancy would have resulted in a live birth. This testimony underscores the speculative nature of Plaintiff's damages theory.

Plaintiff himself, the only other witness Plaintiff called, confirmed that the Patient had already decided to terminate the pregnancy. By his own account, his claimed injury flows entirely from that decision: his disappointment that the Patient did not want to have his child, his distress upon learning of her intent, and his inability to remain married to someone who would terminate a pregnancy with him. None of those injuries is attributable to Defendants. They arise from the Patient's independent and lawful decision, Plaintiff's inability to change her mind, and his own conduct, including his participation in terminating the pregnancy.

The record also explains why the Patient's decision was certain. She testified to this, along with testimony about how her relationship with the Plaintiff was marked by exploitation, isolation, and control, culminating in being forced by Plaintiff to perform public sex acts against her will. Defendants' expert explained that these dynamics fall squarely within recognized frameworks of intimate partner violence, including coercive

control and reproductive coercion, and that litigation itself can function as a continuation of that control—consistent with Plaintiff's own stated reasons for bringing this case.

Finally, Defendants' OB-GYN expert testified that informed consent in this context requires private communication between provider and patient, and that the care reflected in the medical records, as well as the deposition testimony of the providers whom Plaintiff subpoenaed but did not call, was thorough and appropriate.

Defendants should clearly prevail. Plaintiff is not within the class of people protected by § 36-2153 and has not proven damages under § 36-2153(L)(1). His conduct falls within the statute's criminal act exception and deprives him of a private right of action. In any event, any claimed injury is speculative and flows from his own conduct and the Patient's independent, lawful decision, not from any act or omission of the Defendants. The Court should enter judgment for Defendants. Alternatively, the Court should limit any damages award to $5,000 in statutory damages because Plaintiff has not shown that he is entitled to compensatory or punitive damages.

II. Standard and Burden of Proof

In a civil action, the plaintiff bears the burden of proving each element of his claim by a preponderance of the evidence. *See Am. Pepper Supply Co. v. Fed. Ins. Co*., 208 Ariz. 307, 309, ¶ 11 (2004); *Aileen H. Char Life Int. v. Maricopa Cnty.*, 208 Ariz. 286, 291, ¶ 11 (2004). A preponderance of the evidence means that a fact is more probable than not. *See Kent K. v. Bobby M.*, 210 Ariz. 279, 284, ¶ 25 (2005); *Henke v. Hosp. Dev. of W. Phoenix, Inc.*, 578 P.3d 47, 52, ¶ 25 (Ariz. 2025). This standard applies to the factual predicates of civil claims even when those facts overlap with conduct that may also give rise to criminal liability. *See Fitzgerald v. Superior Court*, 173 Ariz. 539, 547 (App. 1992) (applying preponderance standard in civil forfeiture proceedings involving criminal conduct); *Pfeil v. Smith*, 183 Ariz. 63, 65–66 (App. 1995) (applying preponderance standard to civil fraud claims); *In re Stephanie B*., 204 Ariz. 466, 470, ¶ 15 (App. 2003) (applying preponderance of the evidence to restitution, a civil remedy, in relation to a criminal act). Accordingly, the presence of potentially criminal conduct does not alter the applicable burden of proof in this civil case.

A narrow exception to the ordinary burden of proof does apply to punitive damages, which must be established by the higher clear-and-convincing-evidence standard. *Linthicum v. Nationwide Life Ins. Co.*, 150 Ariz. 326, 332 (1986).

Where, as here, a plaintiff seeks to recover under a statute that confers a limited right of action, the plaintiff must prove that he falls within the class of people the statute protects. *See Aranda v. Cardenas*, 215 Ariz. 210, 216–18, ¶¶ 16–23 (App. 2007). Arizona courts begin by looking to the statute itself to determine whether the legislature has allocated the burden of proving entitlement to a statutory right or benefit. *Harvest v. Craig*, 195 Ariz. 521, 523, ¶ 14 (App. 1999). When the statute is silent, "it is generally held that a party seeking a right or benefit under a statute bears the burden of proving that he comes within the ambit of the statute." *Id.* ¶ 15. That requirement is not treated as an affirmative defense in this context; rather, it is part of the plaintiff's case to show when challenged. *Aranda*, 215 Ariz. at 218, ¶¶ 20–21.

Section 36-2153 is a purely statutory creation. It confers a limited right of action on a defined class of individuals—husbands—while expressly withholding that right where the pregnancy resulted from the husband's criminal act. A.R.S. § 36-2153(K)(2). That limitation defines the scope of the statutory right itself. Accordingly, Plaintiff bears the burden of proving, by a preponderance of the evidence, not only that a statutory violation occurred, but that he qualifies for relief under § 36-2153, which includes demonstrating that the pregnancy did not result from his own disqualifying conduct under subsection (K)(2). Treating the criminal-act clause as an affirmative defense would improperly shift to Defendants the burden to negate Plaintiff's statutory eligibility, contrary to Arizona law, since there is a clear absence of legislative directive.

III. Plaintiff Failed to Meet His Burden of Proof.

A. Plaintiff Fails to Establish Statutory Entitlement to Any Recovery.

Section 36-2153 does not extend to husbands whose own criminal conduct caused the pregnancy. A.R.S. § 36-2153(K)(2). That limitation is dispositive here. The trial evidence establishes that Plaintiff intentionally misrepresented his vasectomy status, which

under Arizona law, should vitiate consent to the sexual act. Because the pregnancy resulted from that conduct, Plaintiff falls outside the class of individuals entitled to recover.

Under Arizona law, sexual assault occurs when a person engages in sexual intercourse without consent. A.R.S. § 13-1406. Critically, "without consent" includes circumstances in which "[t]he victim is intentionally deceived as to the nature of the act." A.R.S. § 13-1401(A)(7)(c). Arizona courts have recognized that deception—no less than force—can negate consent. As the Arizona Supreme Court explained in *State v. Schackart*, sexual assault "can be perpetrated by deception as well as by force." 190 Ariz. 238, 246 (1997); *see also State v. Van Adams*, 194 Ariz. 408, 420 ¶ 42 n.10 (1999) (collecting cases holding that deception can negate consent in sexual assault cases).

Even if Plaintiff attempts to argue that his conduct does not fit neatly within the enumerated examples, Arizona law does not support that argument. The statutory definition of "without consent" is expressly illustrative, not exhaustive. *State v. Witwer*, 175 Ariz. 305, 307–08 (App. 1993). The use of the term "includes" signals that courts may recognize other forms of non-consensual conduct consistent with the statute's purpose. *Id.* at 308.

1. The Record Shows Plaintiff's Misrepresentation Materially Altered the Nature of the Sexual Act.

The evidence established that Plaintiff falsely represented that his vasectomy remained effective. That representation went directly to the nature of the sexual act. For the Patient, intercourse with Plaintiff was understood to be incapable of resulting in pregnancy, and that understanding defined the scope of her consent.

Her testimony was clear and consistent: she believed she could not become pregnant, and that belief was based on Plaintiff's repeated representations. Tr. 196:16–197:24, 198:23–199:2, 221:5–13, 221:24–222:2 (M.S.V. Test.) (Feb. 10, 2026). When she learned the truth—by becoming pregnant—she reacted immediately. She testified to shock, disbelief, and dread, and she promptly sought an abortion. Tr. 198:23–199:2, 199:15–23 (M.S.V. Test.) (Feb. 10, 2026). Even Plaintiff corroborated this account. He described her as shocked to learn she could be pregnant from sex with Plaintiff, crying, and taking

immediate steps to terminate the pregnancy. Tr. 153:19–154:1. (Villegas Test.) (Feb. 10, 2026).

Plaintiff's assertion that the Patient "knew" he reversed his vasectomy is not credible. It rests primarily on the fact that she drove him to the medical appointment and signed a discharge form containing technical medical terminology. But there is no evidence she understood that terminology, and Plaintiff himself admitted he did not see her read the post-operative instructions. Tr. 220:9–15 (Villegas Test.) (Feb. 11, 2026). By contrast, her conduct before and after the pregnancy—her consistent statements that she did not want children, and her immediate decision to terminate—confirms that she did not know her husband had been engaging in unprotected intercourse with her. Tr. 151:19–152:4 (Villegas Test.) (Feb. 10, 2026); Tr. 199:18–19 (M.S.V. Test.) (Feb. 10, 2026) ("I already knew I didn't want kids. I've known my whole life."), Tr. 202:4–8 (M.S.V. Test.) (Feb. 10, 2026). After she learned that the vasectomy had been reversed, which she learned by becoming pregnant, she had an abortion. Tr. 198:23–199:2 (M.S.V. Test.) ("I felt dread and in disbelief because he told me he was fixed the whole time. I didn't understand."), Tr. 199:19–23 (M.S.V. transcript) (Feb. 10, 2026) ("So the second that I saw that I was pregnant, I knew I wasn't going to keep it. That wasn't even my first thought, was keeping it, it was I need to figure out how I'm going to get an abortion."). Moreover, upon learning that Plaintiff lied when he said he did not reverse his vasectomy, she immediately sought and obtained birth control. Ex. DM at 009; Tr. at 133:23–136:15 (Isaacson Test.) (Feb. 11, 2026) (showing the day the patient confirmed she was no longer pregnant, she obtained a reliable form of oral contraceptive birth control, including a 28-day sample she could begin taking immediately, and a prescription). This is precisely the type of deception contemplated by A.R.S. § 13-1401(A)(7)(c). The Patient did not consent to sexual intercourse carrying a risk of pregnancy; she consented only to intercourse she understood to be biologically incapable of resulting in pregnancy. Plaintiff's misrepresentation did not induce her agreement, but altered the fundamental character of the act as she understood it, including its inherent reproductive consequences. By falsely representing that his

vasectomy remained effective, Plaintiff transformed what was presented as pregnancy-free intercourse into intercourse carrying a substantial risk of conception. Under these circumstances, the deception goes to the nature of the act itself, vitiating consent under Arizona law.

Even if the Court were to conclude that Plaintiff's conduct does not fall squarely within the enumerated examples set forth in A.R.S. § 13-1401(A)(7), the statute does not limit "without consent" to those circumstances. Plaintiff's conduct falls comfortably within the principle that unifies them: consent is absent where a person is intentionally deprived of the ability to make a meaningful choice about the act itself. Each enumerated example identifies a circumstance in which the law treats consent as invalid because the victim's apparent agreement does not reflect a knowing acceptance of what the act entails. The same is true here. The Patient did not agree to sexual intercourse carrying a risk of pregnancy; she agreed only to intercourse she understood to be biologically incapable of resulting in pregnancy. Plaintiff's intentional misrepresentation deprived her of the ability to decide whether to assume a fundamental, inherent consequence of the act. Under Arizona law, the sex acts within this relationship should be rendered "without consent."

2. Evidence of Coercive Control Corroborates the Evidence of Deception.

The broader context reinforces that conclusion: the relationship corroborates the Patient's testimony that Plaintiff deceived her. The Court heard expert testimony from Dr. Rae Taylor, a sociologist and criminologist specializing in domestic violence, who explained that deception about fertility is a recognized form of reproductive coercion and that individuals subjected to coercive control are more vulnerable and susceptible to reproductive coercion. Tr. 263:5–264:6 (Taylor Test.) (Feb. 10, 2026); Ex. DD; Tr. 29:19–31:6, 32:5–32:23, 45:24–46:12 (Taylor Test.) (Feb. 11, 2026). Dr. Taylor testified that coercive control operates through patterns of behavior—such as financial dependence, isolation, and other tactics that wear down self-efficacy and autonomy—that abusers use to exert and maintain power and control over their victims and that her field recognizes

specific risk factors and tactics commonly associated with such relationships. Tr. 8:20–9:6; Tr. 9:10–28:23; 46:6–9; (Taylor Test.) (Feb. 11, 2026). Those risk factors and tactics were present in the Patient's testimony about her marriage to the Plaintiff. Tr. 45:15–19 (Taylor Test.) (Feb. 11, 2026).

The relationship between the Plaintiff and the Patient began with a significant age disparity and progressed rapidly, with Plaintiff presenting as polite and attentive—taking her on a trip to California—and offering stability, resources, and health insurance during a period when the Patient understood herself to be particularly vulnerable; they married after a brief courtship. Tr. 160:5–13, Tr. 161:8–14, 162:9–163:3 (M.S.V. Test.) (Feb. 10, 2026). It then shifted abruptly after marriage, as Plaintiff's behavior changed and M.S.V. became increasingly dependent on him. Tr. 174:7–10, 174:16–25, 175:24–176:8, Tr. 178:4–23, 227:8–20, 228:3–15, 244:5–18 (M.S.V. Test.) (Feb. 10, 2026).

The Patient testified that she lacked financial independence, did not have consistent access to money or transportation, and depended on Plaintiff for basic needs, including health care. Tr. 174:7–10, 174:16–25, 175:24–176:8 (M.S.V. Test.) (Feb. 10, 2026). She was largely confined to the home, isolated from support systems, and without meaningful ability to leave the relationship. Tr. 177:16–178:3, 194:24–195:7 (M.S.V. Test.) (Feb. 10, 2026).

Dr. Taylor explained that in such circumstances, victims are more vulnerable to deception and less able to challenge or verify what their husbands tell them. Tr. 28:6–23, 46:6–9 (Taylor Test.) (Feb. 11, 2026). That framework fits the evidence here. M.S.V.'s reliance on Plaintiff's representations about his fertility, and her inability to independently confirm them, are consistent with the dynamics of coercive control and reproductive coercion described at trial.

This reinforces the testimony of the Patient that the Plaintiff made the representation and that Patient relied upon it. The dynamics of coercive control described by Dr. Taylor explain why the Patient would reasonably rely on Plaintiff's representations and lack the practical ability to question or verify them. In that context, Plaintiff's statements about his

vasectomy were not subject to meaningful scrutiny, and the Patient's apparent agreement to intercourse cannot be understood as a fully informed or independent choice.

The same dynamics also provide a coherent explanation for the deception itself. As Dr. Taylor testified, reproductive coercion can include efforts to cause pregnancy as a means of binding a partner more tightly to the relationship and limiting her ability to leave, which increases dependence and limits a partner's autonomy. Tr. 21:6–23:11, 29:19–31:6, 32:5–32:23 (Taylor Test.) (Feb. 11, 2026). The evidence here is consistent with that pattern: Plaintiff's misrepresentation created a risk the Patient had expressly sought to avoid, in circumstances where she was financially dependent, socially isolated, and unable to independently confirm his claims. That context strengthens the inference that the deception was intentional and material.

Taken together, the evidence establishes not only that Plaintiff misrepresented his fertility, but that the misrepresentation operated in a setting that made it effective—undermining the Patient's ability to make a meaningful, informed decision about whether to engage in intercourse carrying a risk of pregnancy.

Plaintiff bore the burden of proving that he is within the class of people given a cause of action in § 36-2153. He has not done so. The evidence instead establishes that the pregnancy resulted from his own intentional deception, conduct that vitiates consent and falls within § 36-2153(K)(2). Because that provision defines the scope of the statutory right, Plaintiff is not entitled to recover. Judgment should be entered for Defendants.

3. The Court should not take judicial notice of Plaintiff's Exhibits 11 & 12.

At closing, Plaintiff moved to admit Plaintiff's Exhibit 11 & 12 ("the exhibits")—the evidentiary record from a 2018 order of protection hearing in the divorce between Plaintiff and the Patient. The Court rightfully denied the motion but ordered the parties to address in this brief whether it should take judicial notice of the contents of those exhibits and read them. Tr. 230:1–238:3 (colloquy) (Feb. 11, 2026). Plaintiff did not raise, reference, or question any witnesses about the exhibits during any direct or cross examination, nor did he move for their admission during any witness examination. As such, and because the

contents of the exhibits do not meet Arizona's strict standards of certainty and reliability, taking judicial notice of the exhibits would be legal error.

Courts have explicitly refused to take "judicial notice of the truth of testimony received in [another] action." *State v. Lynch*, 115 Ariz. 19, 22 (App. 1977). The Supreme Court has held that "[w]here there is no preclusive effect to a judgment, Arizona courts may not take 'judicial notice' of the *truth* of an evidentiary record in another action tried in the same court. *Scottsdale Mem. Health Sys., Inc. v. Clark*, 157 Ariz. 461, 468 (Ariz. Banc. 1988) (citing *Lynch*, 562 P.2d 1386). That is, although "[i]t is permissible to take notice that a judgment has been rendered, that a record exists and of the nature of its contents[, i]t is not permissible to bind a party to the evidence in that record except where the party was joined in or privy to the action." *Scottsdale Mem. Health Sys., Inc.*, 157 Ariz. at 468.

Defendants were not parties to the previous action between Plaintiff and the Patient, the record of which forms the substantive evidence for the exhibits. As such, no preclusive effect attaches to Defendants. *See State ex rel. Winkleman v. Ariz. Navigable Stream Adjudication Comm'n*, 224 Ariz 230, 244 (App. 2010) ("Whether by way of res judicata or collateral estoppel, the preclusive effect of a judgment is limited to parties and persons in privity with parties."). Therefore, this Court may not take judicial notice of the exhibits.

This is consistent with the high bar any fact must meet for a court to take judicial notice of it, and which the exhibits here fail to meet:

> [I]t must be so notoriously true as not to be subject to reasonable dispute or must be capable of immediate accurate demonstration. A high degree of probability of the truth of a particular proposition cannot justify a tribunal in taking judicial notice of its truth. A fact of which a may take judicial notice must be indisputable. . . [I]t follows that evidence may not be received to dispute it.

Phelps Dodge Corp. v. Ford, 68 Ariz. 190, 196 (1949). The evidence Plaintiff proffers through the exhibits concerns his relationship with the Patient—evidence that the Patient here vigorously disputes. Plaintiff's proffered evidence is therefore not capable of immediate, accurate demonstration.

Nor do the exhibits even meet the bar of "high degree of probability of truth" that nevertheless fails the legal standard for judicial notice. Plaintiff's Exhibit 11—the transcript from the evidentiary hearing addressing the Patient's Motion for an Order of Protection, in which she proceeded *pro se*, against Plaintiff—is filled with hearsay. And Plaintiff's Exhibit 12—a collection of the exhibits he submitted during that hearing—are wholly indecipherable without accompanying testimony. Plaintiff failed to provide the necessary authentication, foundation, or context to establish their relevance to the present action.

Indeed, Plaintiff could have asserted the evidence contained in the exhibits through his direct examination or challenged the Patient's testimony, disputing it through her cross-examination. Either would have given Defendants the ability to directly confront the evidence Plaintiff now proffers through the proposed exhibits. Instead, he chose to move to admit the exhibits into evidence at closing, without any testimony in support. This court was correct to deny the motion, and it should not now take judicial notice of the exhibits.

B. Alternatively, Plaintiff's Award for Damages Should Be Limited to $5,000 in Statutory Damages.

1. Should the Court Find That Plaintiff Satisfies the Act's Requirements to File an Action, Plaintiff Would be Entitled to an Award of Statutory Damages in the Amount of Five Thousand Dollars.

Should the Court find that Plaintiff satisfies the requirements of A.R.S. § 36-2153(K)(2) to file an action, the Act would authorize Plaintiff to recover "[s]tatutory damages in an amount equal to $5,000 or three times the cost of the abortion, whichever is greater." A.R.S. § 36-2153(L)(2). Here, the record shows that the cost of the Patient's abortion was $620. Ex. DM at 20. Thus, in connection with the statutory violation that the Court found to have occurred in its summary judgment decision, *infra* at 25, Plaintiff is entitled to an award of $5,000 in statutory damages.

The Act also authorizes an award of "[r]easonable attorney fees and costs." A.R.S. § 36-2153(L)(3). It is well-settled that "attorney's fees should not be awarded for [an] unsuccessful claim." *Trus Joist Corp. v. Safeco Ins. Co. of Am.*, 153 Ariz. 95, 110 (App.

1986); *Schweiger v. China Doll Rest., Inc.*, 138 Ariz. 183, 189 (App. 1983) ("Where a party has achieved only partial or limited success, … it would be unreasonable to award compensation for all hours expended, including time spent on the unsuccessful issues or claims."). Thus, Plaintiff is entitled to an award of attorney's fees only for legal work done on his successful claim under the Act and not for his unsuccessful tort claims. Further, a party who "is entitled to an award of attorney's fees with respect to one claim cannot recover those fees if that claim is intertwined with another claim for which attorney's fees are unavailable *unless* the party shows what portion of the fees corresponds to each claim." *Trus Joist Corp.*, 153 Ariz. at 110 (emphasis added). Accordingly, to recover attorney's fees and costs, Plaintiff must support his application with evidence demonstrating that the fees requested are for time reasonably expended on litigating the sole successful claim and the costs incurred were necessary for that claim.

2. Plaintiff is Not Entitled to Compensatory Damages for Pain and Suffering under A.R.S. § 36-2153(L)(1).

The Act authorizes an award of "money damages for all psychological, emotional and physical injuries resulting from the violation of this section." A.R.S. § 36-2153(L)(1). Plaintiff does not allege that he suffered any physical injuries in connection with the Patient's abortion—only psychological and emotional injuries. Nor does he allege that he suffered any pecuniary harm, such as lost wages or medical bills, as a result of these injuries. He is seeking to recover solely for alleged pain and suffering. "The appropriate amount of damages in a case of intangible harm lies within the discretion of the trial court." *Roberts v. City of Phoenix*, 225 Ariz. 112, 123, ¶ 41 (App. 2010). Here, the Court should exercise its discretion to deny Plaintiff compensatory damages for the following reasons: (1) Plaintiff's alleged injuries are speculative given how early in the Patient's pregnancy the abortion occurred; (2) the record shows that Plaintiff's own actions in marrying a woman who was adamant that she did not want children and facilitating her access to abortion contributed significantly to any injuries he suffered; (3) the Patient's determination to have an abortion made Plaintiff's alleged injuries inevitable; (4) Plaintiff's

own testimony establishes that his alleged pain and suffering began when the Patient first insisted that she wanted an abortion, thwarting Plaintiff's attempts to coerce her into motherhood, weeks before Defendants even entered the picture.

First, Plaintiff's alleged injuries are speculative. At eight weeks of pregnancy, it is impossible to know whether the Patient's embryo would have continued developing in a healthy manner and been born alive, much less the kind of relationship, if any, it would have had with the biological father who abused its mother. *See, e.g.*, Tr. 192:6–193:15 (M.S.V. Test.) (Feb. 10, 2026) (describing a sexual assault). Although Dr. Hazelrigg contended that fewer than 5% of embryos that have detectable cardiac activity at eight weeks are subsequently miscarried, this is mere *ipse dixit* given that he cited no professional literature or other evidence to his assertion. Tr. 40:23–42:11 (Hazelrigg Test.) (Feb. 10, 2026). Dr. Isaacson, a more credible witness, testified that 20% of pregnancies miscarry during the first *nine* weeks of pregnancy, and the Patient was still within that window at the time of her abortion. Tr. 126:17–21, 150:6–151:25 (Isaacson Test.) (Feb. 11, 2026). But this is a population-level statistic; an individual's personalized risk factors can make their risk of miscarriage even greater. Tr. 154:23–155:2 (Isaacson Test.) (Feb. 11, 2026); *see also* Tr. 66:20–67:3 (Hazelrigg Test.) (Feb. 10, 2026). For example, if both parents carry certain genes, the risk of miscarriage will be 50%. Tr. 156:12–18 (Isaacson Test.) (Feb. 11, 2026). For some patients, personalized risk factors can make the combined risk of miscarriage, stillbirth, or fatal fetal anomaly greater than 50%. Tr. 154:23–155:2 (Isaacson Test.) (Feb. 11, 2026). Here, Dr. Hazelrigg never met or examined the Patient. Tr. 67:4–11 (Hazelrigg Test.) (Feb. 10, 2026). He was not aware of her medical history or the medical history of her immediate family members. Tr. 42:12–43:1, 72:18–20, 93:9–12 (Hazelrigg Test.) (Feb. 10, 2026). He did not—and could not—even know the sex of the embryo. Tr. 74:23–25 (Hazelrigg Test.) (Feb. 10, 2026). Therefore, he could not assess the Patient's individual risk factors for miscarriage, stillbirth, or fatal fetal anomaly.

It is undisputed that an entire subspecialty of obstetrics and gynecology called maternal-fetal medicine is dedicated to treating high-risk pregnancies. Tr. 77:11–17

(Hazelrigg Test.) (Feb. 10, 2026). It is likewise undisputed that many of the conditions that make a pregnancy high risk do not arise until after eight weeks. Tr. 77:18–21 (Hazelrigg Test.) (Feb. 10, 2026). For example, absent definitive medical history, fetal chromosomal anomalies cannot be reliably diagnosed until at least ten weeks of pregnancy. Tr. 67:25–68:7 (Hazelrigg Test.) (Feb. 10, 2026); Tr. 154:17–19, 156:12–25 (Isaacson Test.) (Feb. 11, 2026). Many other fetal conditions are not diagnosed until a twenty-week ultrasound examination. Tr. 67:20–24 (Hazelrigg Test.) (Feb. 10, 2026); Tr. 154:19–22 (Isaacson Test.) (Feb. 11, 2026); *see also* Tr. 117:10–25 (Isaacson Test.) (Feb. 11, 2026) (explaining that abortions for fetal indications typically happen after twenty weeks of pregnancy). Thus, Plaintiff cannot know whether the Patient's embryo had a fatal genetic condition or would have developed a fatal structural anomaly had the pregnancy continued. Tr. 72:21–73:7 (Hazelrigg Test.) (Feb. 10, 2026); Tr. 89:22–90:12 (Hazelrigg Test.) (Feb. 10, 2026) ("But at eight weeks, I think we discussed that it would be very difficult to know whether this baby had a lethal condition or not.").

Similarly, many serious maternal complications of pregnancy do not present until the second or third trimester. Tr. 75:1–3 (Hazelrigg Test.) (Feb. 10, 2026). These include gestational diabetes, preeclampsia and eclampsia, placental abnormalities, and preterm premature rupture of membranes ("PPROM"). Tr. 75:4–77:10 (Hazelrigg Test.) (Feb. 10, 2026). These conditions can be fatal for the pregnant person or require premature delivery. Tr. 75:22–76:3, 76:22–24, 77:4–10 (Hazelrigg Test.) (Feb. 10, 2026). Plaintiff cannot know whether the Patient would have developed one of these conditions, nor how it would have impacted the outcome of her pregnancy. Accordingly, because the abortion occurred so early in the Patient's pregnancy, Plaintiff's claims of being injured by the deprivation of a relationship with his future child are too speculative to support an award of damages.

Second, the record is clear that the Patient never wanted to have children and Plaintiff was aware of this. Tr. 151:19–152:4 (Villegas Test.) (Feb. 10, 2026) ("Q. … You know she had strong feelings about not getting pregnant; right? / A. Yes / Q. … You knew that she said I don't like children, I don't want children, I don't want to raise them, I don't

want the risks of pregnancy, I don't [want] the pain of childbirth, I want nothing to do with having children. You knew that was her feelings; correct? / A. Yes."); Tr. 165:15–22 (M.S.V. Test.) (Feb. 10, 2026) ("Q. Did you ever want to have children with the Plaintiff? / A. No, I didn't want children in general. / Q. Did the Plaintiff know how you felt about wanting children or not wanting children? / A. I know it wasn't a secret. I know I made it decently clear[] that I wasn't interested in having a baby ever."); Tr. 199:15–19 (M.S.V. Test.) (Feb. 10, 2026) ("Q. … Now, you said you made this decision instantly. How is it that you made that decision so quickly? / A. Because I already knew I didn't want kids. I've known my whole life."). Moreover, Plaintiff facilitated the Patient's abortion by driving her to and from the abortion clinic, not once but twice, to enable her to obtain the medications that she self-administered to end her pregnancy. Tr. 125:18–126:2, 134:18–135:7, 139:20–23 (Villegas Test.) (Feb. 10, 2026); 199:24–200:9 (M.S.V. Test.) (Feb. 10, 2026). Thus, Plaintiff's own actions in marrying a woman who was adamant that she did not want to have children and facilitating her access to abortion contributed significantly to any injuries that he may have sustained from losing the opportunity to parent a child with the Patient.

Third, the Patient was utterly determined to have an abortion. Indeed, she testified that, from the moment she discovered she was pregnant, she was "a hundred percent certain" that she wanted to have an abortion: "I was going to make it happen, I just didn't know how." Tr. 201:4–5 (M.S.V. Test.) (Feb. 10, 2026). The record clearly establishes that she never wavered in her decision, and there was nothing anyone could have said or done to change her mind. Tr. 104:11–18, 106:1–24, 113:23–114:10, 116:20–117:4, 119:3–13, 132:12–17, 133:11–25, 153:19–154:1, 155:17–156:5 (Villegas Test.) (Feb. 10, 2026); Tr. 198:23–199:23, 201:1–5, 201:20–202:8, 203:2–22 (M.S.V. Test.) (Feb. 10, 2026); Tr. 203:20–22 (M.S.V. Test.) (Feb. 10, 2026) ("… I knew what I was wanting to do, like there was nothing that was going to change my mind."). Plaintiff repeatedly tried to dissuade the Patient from having an abortion, but despite his best efforts, he could not sway her. Tr. 119:3–5 (Villegas Test.) (Feb. 10, 2026) ("Q. … I'm going to assume that you kept trying

to persuade her not to go through with it? / A. Yes.") (Villegas Test.) (Feb. 10, 2026); Tr. 155:17–156:5 (Villegas Test.) (Feb. 10, 2026) ("Q. You told us in some detail about your attempts to talk her out of the abortion, worked on her beforehand, talked to her about it in the car ride between Globe and Phoenix, and nothing changed her mind, correct, she went in and did it? / A. Yes."). Given the Patient's determination to have an abortion, any injuries that Plaintiff sustained were inevitable. No action by Dr. Goodrick would have resulted in a different outcome.

Fourth, Plaintiff testified that his pain and suffering began when the Patient first told him that she wanted to have an abortion, weeks before she visited the abortion clinic or met Dr. Goodrick. Tr. 104:19–25 (Villegas Test.) (Feb. 10, 2026) ("Q. All right, I want to focus on that moment when she … communicated to you that she wanted to get an abortion. What's your reaction, what's going on inside of you? / A. I immediately became emotionally detached. I broke down and cried."); Tr. 111:18–112:11 (Villegas Test.) (Feb. 10, 2026) ("Q. And I think you said you continued to cry during the conference? / A. Yes, I got emotional and had to step out of the thing a few times. / Q. Can you be more specific, what do you mean by you got emotional? / A. I couldn't focus on what I was doing. And I became overwhelmed and consumed and at one point I told one of the other board members that … I needed to step out and she was like, okay. / Q. So[] when you stepped out, did you go back to the room and where you and MSV were staying or did you just go outside to get some air? / A. I went to get some air to see if I could refocus and go back in, but I couldn't, so I headed back to the room."); Tr. 154:6–11 (Villegas Test.) (Feb. 10, 2026) ("Q. … I mean, the fact that your wife said I want to get an abortion and that totally upset you to the extent you couldn't even attend the conference, that was a couple of weeks before she even met Dr. Goodrick; isn't that correct? / A. Correct."). Thus, there's no basis in the record for the Court to distinguish between the pain and suffering that Plaintiff experienced as a result of the Patient's insistence that she wanted an abortion—which thwarted Plaintiff's attempts to coerce her into motherhood—and the pain and suffering that he allegedly experienced as a consequence of the abortion. Further, as explained above, Plaintiff engaged in a pattern

of coercive control of the Patient throughout their marriage. *See supra* at 9–11. Regardless of whether his actions ever amounted to criminal conduct, they serve as a basis for the Court to conclude that he is not entitled to damages for pain and suffering based on his inability to continue exercising control over the Patient. *Cf. Quinonez ex rel. Quinonez v. Andersen*, 144 Ariz. 193, 198 (App. 1984) (holding, in a statutory action for wrongful death, that evidence the decedent's husband "would regularly come home drunk, yell and curse at his wife and beat her with his fists" supported a jury's award of zero damages).

For all of the foregoing reasons, Plaintiff is not entitled to an award of compensatory damages for pain and suffering.

3. Plaintiff is Not Entitled to Punitive Damages

Plaintiff is not entitled to an award of punitive damages because the Act does not authorize the recovery of punitive damages. *See* A.R.S. § 36-2153(L). "It is for the legislature to make policy decisions about the scope of recoverable damages in a statutory cause of action." *In re Est. of Winn*, 225 Ariz. 275, 277, ¶ 12 (App. 2010). Courts "will not read into a statute something that is not within the manifest intent of the legislature as indicated by the statute itself." *Id.* at 277, ¶ 9 (citations omitted). Nor will they "inflate, expand, stretch, or extend a statute to matters not falling within its express provisions." *Id.* (citations omitted). If the legislature had intended to allow punitive damages in an action brought under the Act, "it presumably would have said so." *Id.* at 277, ¶ 11.

Moreover, Plaintiff has not demonstrated by "clear and convincing evidence" that the standard for punitive damages is satisfied. *Linthicum*, 150 Ariz. at 332 (imposing a heightened burden of proof for punitive damages). "In deciding whether punitive damages are awardable, the inquiry should be focused upon the wrongdoer's mental state." *Id.* at 330. "The wrongdoer must be consciously aware of the wrongfulness or harmfulness of his conduct and yet continue to act in the same manner in deliberate contravention to the rights of the victim." *Id.* "[C]ourts may not award punitive damages based on mere negligence, gross negligence, or recklessness." *Swift Transp. Co. of Ariz. L.L.C. v. Carman ex rel. Cnty.*

of Yavapai, 253 Ariz. 499, 505–06, ¶ 20 (2022). Instead, a plaintiff must show by clear and convincing evidence that the defendant's actions "either (1) intended to cause harm, (2) were motivated by spite, or (3) were outrageous, creating a substantial risk of tremendous harm to others." *Id* at 506, ¶ 22 (citations omitted).

Plaintiff does not come close to satisfying this standard. He presented no evidence concerning Dr. Goodrick's state of mind, nor that her actions were outrageous. On the other hand, the Patient testified that, at Dr. Goodrick's clinic, all of her questions were answered to her satisfaction and she received appropriate medical care. Tr. 203:6–11 (M.S.V. Test.) (Feb. 10, 2026). Further, Dr. Isaacson, the only witness at trial who was qualified as an expert in abortion care, Tr. 108:7–13 (colloquy) (Feb. 11, 2026), testified based on his review of the Patient's medical records that Dr. Goodrick and her colleague exercised reasonable medical judgment and provided medically appropriate care. Tr. 128:18–129:21 (Isaacson Test.) (Feb. 11, 2026). At most, the Court's summary judgment decision reflects the inadvertent omission of a URL from a long list of mandated disclosures, *infra* at 25, and no record evidence indicates that this omission, if it indeed occurred, was intended to cause harm, motivated by spite, or outrageous. Thus, Plaintiff is not entitled to an award of punitive damages. *Swift Transp. Co.*, 253 Ariz. at 506, ¶ 22.

IV. Conclusion

Plaintiff bore the burden of proving that he is entitled to invoke A.R.S. § 36-2153 and to recover under it. He did not meet that burden. The record establishes that the pregnancy resulted from Plaintiff's own intentional deception—conduct that vitiates consent under Arizona law and places him squarely within the statute's disqualifying provision as criminal. Because § 36-2153(K)(2) defines the scope of the statutory right itself, Plaintiff is not among those the legislature authorized to recover. Judgment should therefore be entered for Defendants.

The Court should also decline Plaintiff's request to expand the evidentiary record through judicial notice of disputed materials from a separate proceeding. Arizona law does not permit the Court to accept the truth of such evidence, particularly where Defendants

had no opportunity to challenge it. The Court correctly excluded those exhibits and should reaffirm that ruling by not taking judicial notice of them.

Alternatively, even if the Court were to conclude that Plaintiff satisfies the Act's threshold requirements, his recovery is strictly limited. The statute authorizes, at most, $5,000 in statutory damages on this record. Plaintiff has not established entitlement to compensatory damages, as any alleged injuries are speculative, self-inflicted, inevitable, and arose before the alleged statutory violation. Nor does the Act permit punitive damages, and in any event, Plaintiff presented no evidence that could satisfy the demanding standard required for such relief.

For all of these reasons, the Court should enter judgment in favor of Defendants. In the alternative, the Court should limit any recovery to $5,000 in statutory damages and deny all other requested relief.

DEFENDANTS' PROPOSED FINDINGS OF FACT.

A. Procedural Facts

1. Plaintiff initiated this action on July 24, 2020, alleging that Defendants caused him harm by providing abortion care to M.S.V. (the "Patient") and seeking damages on that basis. Compl. ¶¶ 7–17, *Villegas v. Jackrabbit Family Med., Inc.*, No. CV2020-094272 (Ariz. Super. Ct. Maricopa Cnty. July 24, 2020).

2. Plaintiff amended his complaint twice. In his First Amended Complaint, Plaintiff framed his claims around an asserted right, as the father, to have a say in the decision to terminate the pregnancy. First Am. Compl. ¶¶ 15, 30–34, *Estate of Baby Villegas v. Jackrabbit Family Med., Inc.*, No. 2:20-CV-01540-MTL (D. Ariz. Oct. 20, 2020), Dkt. 17. In his Second Amended Complaint, and the operative complaint, he asserted one claim for wrongful death, one for survivorship, and two claims for damages under the Women's Right to Know Act, A.R.S. § 36-2153 ("the Act"): one claim on his own behalf for alleged personal damages, and a second claim on behalf of the embryo's estate, for which Plaintiff purported to act as executor. Second Am. Compl. ¶¶ 29–44,

Estate of Baby Villegas v. Jackrabbit Family Med., Inc., No. CV202200007(Ariz. Super. Ct. Gila Cnty. Feb. 3, 2023).

3. On August 8, 2024, this Court granted summary judgment in favor of Defendants, dispositively determining the outcome in Defendants' favor on the wrongful death claim, the survivorship claim, and the estate's claim under the Act. Order Granting & Denying Mots. Summ. J. ("MSJ Order") at 8, 13.

4. In its August 8, 2024 summary judgment order, the Court held that "Defendants violated [A.R.S. § 36-2153 ("the Act")] by failing to inform M.S.V. that the [Arizona Department of Health Services] maintains a website that describes the unborn child and lists the agencies that offer alternatives to abortion pursuant to A.R.S. § 36-2153(A)(2)(f)." MSJ Order at 17.

5. On February 10 and 11, 2026, this Court conducted a two-day bench trial on Plaintiff Mario Villegas's claim that Defendants Jackrabbit Family Medicine et al., harmed him by providing abortion care to the Patient in violation of the Act. Over the course of the trial, the parties presented evidence on whether Plaintiff is entitled to damages for the violation found by the Court and, if so, the amount of any such damages.

B. Parties and Witnesses

6. Plaintiff is Mario Villegas, a former resident of Globe, Arizona, who currently resides in Iowa. Tr. 95:7–13 (Villegas Test.) (Feb. 10, 2026). In July 2018, Plaintiff and the Patient had been married for a little under 4½ years and resided in Gila County, Arizona. Jt. Pretrial Statement at 2 (Oct. 17, 2025) (Stipulation # 5); Tr. 102:23–103:4 (Villegas Test.) (Feb. 10, 2026).

7. Jackrabbit Family Planning, dba Camelback Family Planning ("Camelback") is one of the Defendants in this case. Camelback is an Arizona corporation that operated an abortion clinic (the "Clinic") within the meaning of A.R.S. § 36-449.01(2) in Maricopa County, Arizona, in July 2018. Jt. Pretrial Statement at 2 (Oct. 17, 2025) (Stipulation # 1–2).

8. Defendant Gabrielle Goodrick, M.D., is the other Defendant in this case. In July 2018, she was a licensed Arizona physician and sole owner of Camelback, in Maricopa County, Arizona. Jt. Pretrial Statement at 2 (Oct. 17, 2025) (Stipulation # 3–4). Plaintiff subpoenaed Dr. Goodrick for trial but did not call her to testify.

9. The Patient is a witness in this case. Pursuant to a September 15, 2025, protective order, issued for good cause, her identity is protected in this proceeding. In July 2018, the Patient learned she was pregnant, and the pregnancy resulted from sexual intercourse between the Patient and Plaintiff. Jt. Pretrial Statement at 2 (Oct. 17, 2025) (Stipulation # 6–7). The Patient visited the Clinic on July 24 and 26, 2018 ("Abortion Care Visits") and again on August 1, 2018, for a follow-up appointment. Jt. Pretrial Statement at 2 (Oct. 17, 2025) (Stipulation # 8); Ex. DM at 009. The Patient obtained medications, dispensed by Dr. Goodrick, for the purpose of inducing an abortion, and the Patient subsequently self-administered those medications. Jt. Pretrial Statement at 2 (Oct. 17, 2025) (Stipulation # 9). Plaintiff and Defendants subpoenaed the Patient. Only Defendants called the Patient as a witness.

10. Dr. Shauna "Rae" Taylor is a witness in this case. She is a sociologist and criminologist specializing in domestic violence, Tr. 263:5–264:4 (Taylor Test.) (Feb. 10, 2026); Ex. DD. She has more than 26 years of experience in the field, has worked extensively with victims and written victim statements; published peer-reviewed literature on domestic violence; served as a peer reviewer; taught advanced-level courses; and advised courts and district attorneys on domestic violence. Tr. 264:5–267:23, 269:13–273:11 (Taylor Test.) (Feb. 10, 2026); Ex. DD. She provided expert testimony for the Defendants at trial.

11. Dr. Paul Isaacson, a board-certified obstetrician/gynecologist who specializes in abortion care, is a witness in this case. Tr. 99:4–101:3 (Isaacson Test.) (Feb. 11, 2026); Ex. DF. He has provided abortion care in Arizona for approximately 30 years and has obtained informed consent under the Act from patients on tens of thousands of occasions. Tr. 103:11–18 (Isaacson Test.) (Feb. 11, 2026). He is also the plaintiff in a

separate action, *Isaacson v. Arizona*, No: CV 2025-017995 (Sup. Ct. Maricopa Cnty.), in which, on the Friday preceding trial, a court held the Act unconstitutional. As a result, the Act is not presently in effect.

12. Plaintiff presented two witnesses at trial: himself and Dr. Eric Hazelrigg. Dr. Eric Hazelrigg is a board-certified obstetrician/gynecologist who has never performed an abortion or provided informed consent under the Act. Tr. 21:6–9, 61:18–62:11 (Hazelrigg Test.) (Feb. 10, 2026).

13. Plaintiff listed the physician he claims performed the informed consent at the Patient's July 24, 2018, abortion care visit, Dr. Jessica Holmes, on his final pretrial witness list, to which Defendants raised no objection, but Plaintiff did not call her to testify. Jt. Pretrial Statement at 4–11 (Oct. 17, 2025).

C. Relationship and Coercion

14. Plaintiff and the Patient began their relationship in late 2013 and married on February 14, 2014, only a couple of months into the relationship. Tr. 103:1–9 (Villegas Test.) (Feb. 10, 2026); Tr. 160:5–7, 162:9–12 (M.S.V. Test.) (Feb. 10, 2026).

15. They later began divorce proceedings in August of 2018. Tr. 231:15–18 (M.S.V. Test.) (Feb. 10, 2026).

16. At the time Plaintiff and the Patient married, Plaintiff had undergone a vasectomy in 2004, approximately nine years earlier. Tr. 149:5–7 (Villegas Test.) (Feb. 10, 2026).

17. The Patient was aware that Plaintiff had previously undergone a vasectomy. Tr. 196:3–7 (M.S.V. Test.) (Feb. 10, 2026).

18. Plaintiff subsequently underwent a medical procedure to reverse his vasectomy and restore his fertility on June 9, 2017. Tr. 151:22–152:4 (Villegas Test.) (Feb. 10, 2026); Ex. P10, at 4.

19. In connection with that procedure, Plaintiff represented to the federal government that he sought reversal of his vasectomy in order to have additional children. Tr. 182:10–19 (Villegas Test.) (Feb. 11, 2026).

20. While Plaintiff contends that the Patient was aware of the reversal procedure and that his fertility had been restored, Tr. 149:14–21 (Villegas Test.) (Feb. 10, 2026), Defendants, relying on the Patient's testimony, contend that she was not aware Plaintiff's fertility had been restored and that Plaintiff affirmatively assured her that the surgical procedure would not restore his fertility. Tr. 196:16–197:17 (M.S.V. Test.) (Feb. 10, 2026).

21. Specifically, the Patient testified that she believed, based on Plaintiff's representations, that intercourse with Plaintiff could not result in pregnancy. Tr. 196:16–197:2, 197:5–24, 198:23–199:2, 221:5–13, 222:1–2 (M.S.V. Test.) (Feb. 10, 2026).

22. The Patient further testified that Plaintiff explicitly assured her that he was not reversing his vasectomy and would not be able to impregnate her. Tr. 196:20–197:20, 221:1–13 (M.S.V. Test.) (Feb. 10, 2026).

23. The Court finds the Patient's testimony to be highly credible. She presented with a truthful demeanor and would have no motive to lie. Indeed, the Act plainly affords her a right of action, and she could have joined Plaintiff's lawsuit or filed her own, yet she declined to do so. Instead, she testified that she was satisfied with the medical care she received from Defendants. Tr. 203:2–11 (M.S.V. Test.) (Feb. 10, 2026).

24. By contrast, Plaintiff's testimony that the Patient knew the truth about his vasectomy reversal lacked credibility. His demeanor while testifying was evasive and inconsistent, and his responses were internally contradictory. For example, when asked whether he had ever misled the Patient about his fertility, Plaintiff initially denied doing so, then immediately qualified his answer and acknowledged that he had not informed her of his fertility status until just before the reversal procedure. Tr. 179:14–21 (Villegas Test.) (Feb. 11, 2026) ("Q . . . First of all, did you lie to [the Patient] about being fertile at any time during your marriage?/A. No, absolutely—well, I didn't lie to her. Let me clarify. No, I did not tell her that I was not fertile until after the—we talked right before the surgery, I told her I would become fertile. But prior to that, I was not fertile, no.").

25. Second, the Patient had always been clear that she did not want children. Tr. 151:19–152:4 (Villegas Test.) (Feb. 10, 2026); Tr. 199:18–19 (M.S.V. Test.) (Feb. 10, 2026)

("I already knew I didn't want kids. I've known my whole life"), 202:4–8 (M.S.V. Test.) (Feb. 10, 2026). But despite acknowledging that he knew the Patient did not want children, Plaintiff's alleged disclosure of his vasectomy reversal apparently never prompted her to express any interest in using other contraception methods to avoid pregnancy. Tr. 181:14–184:5, 215:18–217:14 (Villegas Test.) (Feb. 11, 2026).

26. Yet after the Patient learned that Plaintiff's vasectomy had been reversed because she became pregnant, she immediately sought abortion care. Tr. 198:23–199:2 (M.S.V. Test.) ("I felt dread and in disbelief because he told me he was fixed the whole time. I didn't understand."), 199:19–23 ("So the second that I saw that I was pregnant, I knew I wasn't going to keep it. That wasn't even my first thought, was keeping it, it was I need to figure out how I'm going to get an abortion."), 201:4-6 ("I was going to make it happen, I just didn't know how."). And at the appointment where she confirmed she was no longer pregnant, the Patient obtained a prescription for birth control and an immediate 28-day supply of birth control upon which she could reasonably rely to prevent pregnancy. *See* Ex. DM at 009; *see also* Tr. 133:23–136:15 (Isaacson Test.) (Feb. 11, 2026).

27. Moreover, Plaintiff himself described that the Patient was shocked to learn she was pregnant, never thought she could be impregnated from sex with the Plaintiff, cried, and took immediate steps to terminate her pregnancy. Tr. 98:15–18, 100:9–15, 153:19–154:1 (Villegas Test.) (Feb. 10, 2026).

28. Third, Plaintiff's primary evidence that the Patient knew he had reversed his vasectomy is speculative at best. He testified that she drove him to the vasectomy reversal appointment and signed a discharge form stating the procedure was a microscopic bilateral vasovasostomy. Tr. 189:14–190:2, 191:6–14 (Villegas Test.) (Feb. 11, 2026); Ex. P10 at 4. The parties stipulated that the Patient signed for Plaintiff's discharge, Tr. 208:16–209:1 (M.S.V. Test.) (Feb. 10, 2026), but she does not remember signing anything or being given any additional information about Plaintiff's procedure. Tr. 209:14–211:16 (M.S.V. Test.) (Feb. 10, 2026) ("I don't remember signing that, but I believe that's my signature. . . . I just don't remember being given any papers. I don't remember that, to sign for him."). Nor did

Plaintiff see the Patient read the post-operative instructions, which were not on the page with the signature. Tr. 219:22–220:15 (Villegas Test.) (Feb. 11, 2026). Moreover, Plaintiff testified that he was under anesthesia at this time, making his observations even less credible. Tr. 190:14–18, 218:14–219:2 (Villegas Test.) (Feb. 11, 2026). Regardless, the Patient would have had no reason to know the meaning of that medical terminology.

29. While the Patient hardly remembers the trip to the medical center, she is certain she did not know the procedure was a vasectomy reversal. Tr. 196:20–197:17, 219:4–14 (M.S.V. Test.) (Feb. 10, 2026). She is now also certain Plaintiff lied to her when he said she might hear people say his procedure was a vasectomy reversal, but that it is not, and that he would not be able to impregnate her. Tr. 196:20–197:17, 197:18–20, 221:1–13 (M.S.V. Test.) (Feb. 10, 2026).

30. Fourth, the broader context of the relationship corroborates the Patient's testimony that Plaintiff deceived her. The Court heard expert testimony from Dr. Rae Taylor, a sociologist and criminologist who has spent 26 years specializing in domestic violence. Tr. 263:5–264:6 (Taylor Test.) (Feb. 10, 2026); Ex. DD. She has worked directly with thousands of survivors and conducted extensive peer-reviewed research in the field. Tr. 264:7–267:21; 270:4–273:1 (Taylor Test.) (Feb. 10, 2026); Ex. DD; Tr. 94:22–25 (Taylor Test.) (Feb. 11, 2026).

31. The Court finds Dr. Taylor to be a knowledgeable, experienced, and highly credible expert witness. Her opinions are clear, well-reasoned, and grounded in accepted practices within her field.

32. Dr. Taylor explained that deception is a well-documented tactic used by perpetrators in relationships marked by Intimate Partner Violence (IPV), providing critical context for why Plaintiff engaged in such conduct here. Tr. 46:3–9, 14:1–16:6 (Taylor Test.) (Feb. 11, 2026).

33. Dr. Taylor reviewed the Patient's sworn victim statement—a standard source in her field—and concluded that M.S.V.'s reported experiences are consistent with both

coercive control and reproductive coercion, methods of IPV. Tr. 33:6–9, 35:8–36:23, 37:7–16 (Taylor Test.) (Feb. 11, 2026).

34. Coercive control, a form of intimate partner violence, operates through a series of tactics and patterned behavior that abusers use to exert and maintain power, control, and dominance over the victim of their abuse. Tr. 8:20–9:6 (Taylor Test.) (Feb. 11, 2026).

35. Dr. Taylor opined that deception about male fertility is a recognized form of reproductive coercion, most often arising within IPV relationships characterized by coercive control. Tr. 29:19–31:6; 32:5–32:23 (Taylor Test.) (Feb. 11, 2026). She further explained that individuals subjected to coercive control are more vulnerable to precisely this type of deception, as their ability to independently verify or challenge representations is diminished. Tr. 46:6–9 (Taylor Test.) (Feb. 11, 2026).

36. The research and literature identify several well-established risk factors for coercive control, many of which are present here. Dr. Taylor described these risk factors to include a significant age disparity—particularly where a woman is in her early twenties, and her partner is more than five years older—which is associated with an increased risk of coercive dynamics, such as economic inequality between partners. Tr. 9:13–10:7 (Taylor Test.) (Feb. 11, 2026). The literature also identifies certain occupations as correlated with higher rates of such abuse, including military service and, to a lesser extent, firefighting, particularly in relationships involving partners in low-wage work. Tr. 11:7–24 (Taylor Test.) (Feb. 11, 2026).

37. Dr. Taylor further explained that early relationship dynamics themselves can function as risk factors for coercive control. Tr. 12:2–12 (Taylor Test.) (Feb. 11, 2026). These include situations in which one partner comes on strongly, expresses overwhelming affection, and pushes for rapid commitment. Tr. 12:2–12 (Taylor Test.) (Feb. 11, 2026). Victims often initially perceive such partners as exceptionally attentive—showering them with gifts, experiences, and trips early in the relationship—and making early representations about providing care or stability, such as access to health insurance. Tr.

12:12–13:17 (Taylor Test.) (Feb. 11, 2026). These dynamics are particularly concerning when coupled with rapid cohabitation, marriage, and deep entanglement in a partner's life, followed by a marked and abrupt shift in behavior early in the marriage. Tr. 13:18–15:12; 66:8–67:1 (Taylor Test.) (Feb. 11, 2026).

38. These risk factors are reflected in the Patient's testimony. Her relationship with Plaintiff, a Marine combat soldier nine years older, began when she was 23, during a period when she felt vulnerable and lacked health insurance. Tr. 160:5–13; 162:13–21 (M.S.V. Test.) (Feb. 10, 2026); Tr. 107:19–25 (Villegas Test.) (Feb. 10, 2026). The relationship progressed rapidly: Plaintiff treated her well at the outset, they dated only briefly, and married after approximately three months. Tr. 161:8–14; 162:9–12 (M.S.V. Test.) (Feb. 10, 2026). During this period, Plaintiff offered stability—including health insurance—and took her on a lavish trip within weeks of beginning to date. Tr. 162:13–21; 161:8–20 (M.S.V. Test.) (Feb. 10, 2026). She also described herself as inexperienced in relationships, newly out of a prior one, and unfamiliar with marriage. Tr. 162:22–163:3 (M.S.V. Test.) (Feb. 10, 2026).

39. Consistent with the pattern Dr. Taylor described, the relationship changed abruptly after the marriage. The Patient testified that the positive and attentive behavior "just shut off," and that Plaintiff's demeanor toward her and his children shifted almost immediately after marriage. Tr. 178:4–179:1 (M.S.V. Test.) (Feb. 10, 2026).

40. The Patient's testimony shows that tactics of coercive control were present in Plaintiff's relationship with her. Dr. Taylor testified about the tactics of coercive control, including financial and economic coercion and control, isolation, the weaponization of children and traditional gender roles, the weaponization of court systems, abuse of technology, emotional abuse, intimidation, and threats. Tr. 15:13–16:6 (Taylor Test.) (Feb. 11, 2026).

41. Economic and financial coercion occurs when one partner exercises control over financial decision-making, access to money, and spending, as Dr. Taylor explained. Tr. 16:10–20 (Taylor Test.) (Feb. 11, 2026). This form of coercion may include creating

conditions that make it difficult for a partner to work or maintain independence, but it also encompasses the more direct act of "just controlling access to that money." Tr. 16:20–17:19 (Taylor Test.) (Feb. 11, 2026).

42. Dr. Taylor further testified that control over access to essential needs—such as health care, which is often prohibitively expensive—can be used to maintain power by making a partner dependent on the abuser for medical care. Tr. 17:9–15 (Taylor Test.) (Feb. 11, 2026).

43. The Patient testified that during the marriage, she lacked financial independence, did not have meaningful access to money or transportation, and depended on Plaintiff for basic needs—limiting her autonomy and ability to independently assess or challenge his representations. Tr. 174:7–10, 174:16–25, 175:24–176:8, 227:8–20, 228:3–15, 244:5–18 (M.S.V. Test.) (Feb. 10, 2026).

44. The Patient left employment based on Plaintiff's representations that he would financially support her; although he did not explicitly forbid her from working, circumstances made it difficult to maintain employment, including periods without access to reliable transportation. Tr. 168:19–169:5, 173:20–174:6 (M.S.V. Test.) (Feb. 10, 2026).

45. And although a vehicle was purportedly for her use, Plaintiff purchased it and retained control over it. Tr. 231:4–9 (M.S.V. Test.) (Feb. 10, 2026).

46. Her dependence extended to health care. Access to medical care was critically important to the Patient, yet she relied on Plaintiff for both transportation and the cost of that care. Tr. 162:13–21; 199:24–200:6 (M.S.V. Test.) (Feb. 10, 2026).

47. From the testimony of Dr. Taylor, isolation is another, typically early and central tactic of coercive control designed to increase a victim's dependence by limiting access to social, professional, financial, and familial support through mechanisms such as rapid cohabitation or marriage, restricting employment, or undermining outside relationships. Tr. 18:1–19:17 (Taylor Test.) (Feb. 11, 2026).

48. While sometimes explicit, isolation more often operates through implicit expectations and consequences, where victims learn to avoid triggering reactions from their

partners and self-regulate their behavior to maintain safety within an environment of ongoing control. Tr. 19:18–21:5 (Taylor Test.) (Feb. 11, 2026).

49. Here, the Patient's testimony reflects a sustained pattern of isolation that limited her independence, access to resources, and ability to leave the relationship.

50. The Patient testified that throughout most of the marriage, she felt isolated, had nowhere to go, and remained largely confined to the home caring for Plaintiff's children. Tr. 177:16–178:3 (M.S.V. Test.) (Feb. 10, 2026). Her financial dependence reinforced that isolation: she lacked access to money, had no meaningful role in financial decision-making, and did not even possess a debit card tied to shared funds, requiring her to rely on Plaintiff for basic purchases and needs. Tr. 174:7–10, 227:8–20, 228:3–15, 244:5–8, 244:12–18, 174:16–22 (M.S.V. Test.) (Feb. 10, 2026).

51. Her mobility was similarly restricted—at times she did not have access to a car, making it difficult to work or leave, and she testified that if she had had a car, she would have left the relationship with the Plaintiff. Tr. 173:20–174:6, 191:15–21 (M.S.V. Test.) (Feb. 10, 2026).

52. When she wanted to leave the relationship, she had no resources, no money, and no support system—no parents or friends she could turn to—leaving her feeling that she had no real option but to remain. Tr. 194:24–195:7 (M.S.V. Test.) (Feb. 10, 2026).

53. This combination of financial control, restricted mobility, and lack of external support isolated her from both practical means of escape and meaningful outside connections. Tr. 8:20–9:6, 16:10–20, 18:8–13 (Taylor Test.) (Feb. 11, 2026).

54. Another tactic involves exploiting traditional gender roles by imposing unwanted responsibilities on a partner, resulting in isolation and increased dependency on the other partner. Tr. 21:6–23:11 (Taylor Test.) (Feb. 11, 2026) ("So the use of these rigid gender roles, beyond what a couple might agree is what they want to do and is right for them, so if a person then is forced into not getting to work when they really want to work, or raising children that they didn't want to raise, that might be that they were forced to be pregnant or forced to keep a pregnancy or take in stepchildren that are their partner's . . .

then they're forced into playing that kind of traditional gender role of homemaker and nurturer, even if it is not what they want to do and even if they've . . . said this is not the kind of life that I want."). Here, Plaintiff imposed traditional, gendered caregiving and domestic roles on the Patient in a way that increased her isolation and dependency, for as the Patient testified that, for most of the marriage, she was financially reliant on Plaintiff and remained at home with Plaintiff's children, with nowhere else to go and feeling isolated. Tr. 166:18–24, 175:24–176:13, 177:16–178:3 (M.S.V. Test.) (Feb. 10, 2026); Tr. 14:25–15:25, 17:5–23:11 (Taylor Test.) (Feb. 11, 2026).

55. Additional tactics involve hacking into a partner's social media account, representing a partner in the world from inside of their account, creating fake profiles as a way to get in contact, using threats to release videotapes made without their knowledge, and acting on information obtained from within someone's social media. Tr. 23:12–24:20 (Taylor Test.) (Feb. 11, 2026).

56. The Patient testified she was repeatedly locked out of her Facebook and email accounts by an intruder and could tell that someone was accessing them and changing her passwords. Tr. 182:14–25, 183:1–10 (M.S.V. Test.) (Feb. 10, 2026).

57. She received messages from accounts purporting to be other individuals—including Plaintiff's political opponent and a distant relative—suggesting the use of fabricated or impersonated profiles to contact or surveil her. Tr. 179:2–182:13 (M.S.V. Test.) (Feb. 10, 2026).

58. In addition, someone accessed her virtual reality account from her home and used her identity to search for a person (Person 1) she was attempting to meet, demonstrating both impersonation and the use of information obtained from her accounts to track her movements. Tr. 184:22–186:7, 187:24–188:5 (M.S.V. Test.) (Feb. 10, 2026).

59. Plaintiff was the only one with access to the information to do this to the Patient, and these strange online occurrences ended after the divorce. Tr. 182:3–13, 186:8–23 (M.S.V. Test.) (Feb. 10, 2026).

60. Consistent with this pattern, when the Patient attempted to leave the relationship, Plaintiff appeared at the hotel where she had arranged to meet Person 1, reflecting the use of that information to locate and confront her. Tr. 188:6–189:2 (M.S.V. Test.) (Feb. 10, 2026).

61. She also received messages suggesting that coerced intimate acts had been recorded without her knowledge and could be used against her, aligning with Dr. Taylor's identification of threats involving nonconsensual recordings as a tool of coercive control. Tr. 192:6–193:7 (M.S.V. Test.) (Feb. 10, 2026); Tr. 23:12–24:20 (Taylor Test.) (Feb. 11, 2026).

62. Victims of coercive control often feel trapped and, because they are scared, are trying to find a way out. Tr. 24:21–27:24 (Taylor Test.) (Feb. 11, 2026). They sneak around to talk to people who may be able to help them, even though doing so is a large risk for them, but they do so anyway because they fear that the isolation is leading to their decomposition. *Id.* There is a dangerous hopelessness, increased by a sense that an abuser is everywhere and can show up anywhere. *Id.*

63. Further, a victim's self-efficacy is significantly eroded through coercive control, which impacts her ability to consent or not consent to certain things and to make decisions over aspects of her life. Tr. 28:6–23 (Taylor Test.) (Feb. 11, 2026).

64. The Patient's testimony reflects this pattern of fear, secrecy, and diminished autonomy. As the relationship deteriorated, she attempted to leave and pursue a relationship with another person, but did so cautiously and outside of Plaintiff's awareness, arranging to meet him at a hotel. Tr. 188:6–189:2 (M.S.V. Test.) (Feb. 10, 2026). When, instead, Plaintiff appeared at that location, she described feeling physically overwhelmed—"like I was going to pass out"—and unable to react or assert herself, even as his behavior became loud and aggressive. Tr. 189:16–190:22 (M.S.V. Test.) (Feb. 10, 2026).

65. Though struggling in that moment, she did not make a scene, reflecting the extent to which her ability to act independently had been diminished. Tr. 190:23–25 (M.S.V. Test.) (Feb. 10, 2026).

66. When she wanted to leave the relationship, the Patient had no resources, no money, and no support system—no parents or friends to turn to—and therefore "went along with it" because she did not know what else to do. Tr. 194:24–195:7 (M.S.V. Test.) (Feb. 10, 2026). She felt she had no real choice in key moments, including when she did not want to travel but felt unable to refuse. Tr. 191:4–14 (M.S.V. Test.) (Feb. 10, 2026). Her testimony demonstrates both the fear that constrained her actions and the erosion of her self-efficacy, consistent with the dynamics described by Dr. Taylor.

67. Plaintiff engaged in emotionally abusive and coercive conduct, including aggressive confrontations that induced fear. The Patient was so acclimated to the aggression that when hotel staff came to check on her safety, she had hardly noticed how loud Plaintiff had gotten. Tr. 190:1–25. (M.S.V. Test.) (Feb. 10, 2026). The record also reflects threats made by the Plaintiff to the Patient. Tr. 195:8–16 (M.S.V. Test.) (Feb. 10, 2026).

68. Within that framework, reproductive coercion—including deception about male fertility—is a recognized mechanism of control and subset of sexual coercion. Tr. 28:24–31:10 (Taylor Test.) (Feb. 11, 2026).

69. As the American College of Obstetricians and Gynecologists has recognized, such conduct interferes with a person's ability to prevent or plan pregnancy and may include contraceptive sabotage, sexual coercion, and pregnancy pressure. Tr. 32:5–19 (Taylor Test.) (Feb. 11, 2026).

70. The evidence reflects these dynamics. The Patient's reliance on Plaintiff's representations, her limited ability to access independent information, and the broader pattern of control within the relationship are all consistent with the forms of coercive control Dr. Taylor described.

71. Plaintiff's conduct did not end with the relationship. The Court finds credible Dr. Taylor's expert opinion that this litigation itself is consistent with an ongoing pattern of coercive control—an extension of the same dynamics used to exert power over the Patient—that extended to the years of litigating this case and thrusting her medical and

sexual history and personal life into the public eye. Tr. 46:13–47:15 (Taylor Test.) (Feb. 11, 2026).

D. Plaintiff's Alleged Damages and Causation

72. The Court finds that Plaintiff's alleged harm does not arise from any violation of the Act. Instead, the Court finds that, from the moment he learned of the Patient's independent decision to terminate her pregnancy, Plaintiff could not accept it. That is, his alleged harm is ideologically-grounded and stems from the Patient's decision, not Defendants' acts or omissions.

73. Indeed, Plaintiff conceded that his alleged harm arose from the fact that he was not included in the Patient's decision to terminate her pregnancy. Tr. 156:14–157:12, 105:11–16 (Villegas Test.) (Feb. 10, 2026) ("I had never thought that [the Patient] would want to abort our child or kill our baby."). Plaintiff testified that he has always been opposed to abortion, Tr. 105:21–24 (Villegas Test.) (Feb. 10, 2026), and he "would have hoped [obtaining an abortion] never even would have been a thought." Tr. 132:25–133:3 (Villegas Test.) (Feb. 10, 2026).

74. And Plaintiff's emotional distress began the moment the Patient expressed that she wanted to terminate the pregnancy, where he "immediately became emotionally detached. [He] broke down and cried" and "got emotional at that point." Tr. 104:11–105:3, 123:21–124:1 (Villegas Test.) (Feb. 10, 2026); Tr. 154:6–11 (Villegas Test.) (Feb. 10, 2026) ("Q. [T]he fact that your wife said I want to get an abortion and that totally upset you to the extent you couldn't even attend the conference, that was a couple of weeks before she even met Dr. Goodrick; isn't that correct? / A. Correct.").

75. He has always been opposed to abortion, Tr. 105:21–24 (Villegas Test.) (Feb. 10, 2026), and he "would have hoped [obtaining an abortion] never even would have been a thought." Tr. 132:25–133:3 (Villegas Test.) (Feb. 10, 2026).

76. Plaintiff further described the meal he shared with the Patient immediately after she discovered she was pregnant and stated her intent to terminate the pregnancy as

"a very emotional dinner. I didn't eat. I just spent most of my time crying because I was just so emotionally distraught at that point." Tr. 107:7–9 (Villegas Test.) (Feb. 10, 2026).

77. His emotional response continued through a professional conference he was attending at the time, causing him to leave early. Tr. 109:12–16, 111:18–113:5, 115:14–22 (Villegas Test.) (Feb. 10, 2026). In his own words, Plaintiff "physically and mentally br[oke] down and fe[lt] defeated." Tr. 115:23–116:1 (Villegas Test.) (Feb. 10. 2026).

78. Plaintiff's resistance results at least in part from his religious beliefs. Tr. 132:22–133:6 (Villegas Test.) (Feb. 10, 2026). Plaintiff was strongly opposed to the Patient's decision to terminate her pregnancy because he believed that the pregnancy was "a living being, it's a person, it's a part of who I am." Tr. 133:2–6 (Villegas Test.) (Feb. 10, 2026). He believes he and other fathers should be able to stop abortions when the father does not consent. Tr. 156:21–158:2, 134:4–7 (Villegas Test.) (Feb. 10, 2026).

79. But rather than accept her decision as an autonomous choice, he "spent a lot of time praying" and "asked God, was there anything I can do to help her understand that this is a beautiful thing and it should be approached a different way." Tr. 132:6–11 (Villegas Test.) (Feb. 10, 2026). That is, he viewed the Patient's decision as simply incorrect—one that he could persuade her to abandon. And Plaintiff attempted to do so multiple times, including by "insist[ing that she] . . . at least listen to the heartbeat or look at the sonogram or the image." Tr. 129:18–21, 107:14–16, 114:2–4, 116:20–117:4, 119:3–13, 123:2–6 (Villegas Test.) (Feb. 10, 2026).

80. Despite his stated moral objections, Plaintiff helped the Patient obtain her abortion, driving her to both appointments needed for her to obtain an abortion—the pre-abortion counseling appointment mandated by the Act on July 24, 2018, and the appointment to obtain abortion medications on July 26, 2018—as well as the appointment for follow-up care after the abortion on August 1, 2018. Tr. 125:18–22, 134:18–135:2 (Villegas Test.) (Feb. 10, 2026); Defs.' Ex. M at 1, 6, 9.

81. After helping the Patient obtain her abortion, Plaintiff continued "dealing with like guilt, grief, and [feeling] overwhelmed." Tr. 143:22–144:10 (Villegas Test.) (Feb.

10, 2026). In particular, he felt he "lost an opportunity to have somebody in [his] life." Tr. 144:17–18 (Villegas Test.) (Feb. 10, 2026). Plaintiff also implied that he may have exacerbated his own alleged harm by acting in a way contrary to his claimed values and beliefs, stating that he felt guilty "[t]hat [his] baby was no longer living [and he questioned whether] there was anything else [he] could have [done] to change the outcome." Tr. 144:11–15 (Villegas Test.) (Feb. 10, 2026).

82. Plaintiff presented no evidence that he suffered any harm—emotional, psychological, or otherwise—from any violation of the Act itself. Indeed, Plaintiff was not present during any of the Patient's appointments and thus could not witness implementation of the Act. Tr. 128:5–14, 129:10–13, 139:2–5 (Villegas Test.) (Feb. 10, 2026).

83. No evidence was provided by either party that the Plaintiff had reviewed the Arizona Department of Health Services website.

84. No evidence was provided that the Patient would have changed her mind had she reviewed the Arizona Department of Health Services website. In fact, all evidence supports the contrary conclusion.

85. For instance, and as discussed above, the record establishes that the Patient did not want to have children and that Plaintiff was aware of her position. Tr. 151:19–152:4 (Villegas Test.) (Feb. 10, 2026); Tr. 165:15–22, 199:15–19 (M.S.V. Test.) (Feb. 10, 2026). The Patient consistently expressed that she did not want children, did not want to become a mother, did not want to become pregnant, and did not want to experience the risks or burdens of pregnancy and childbirth. Tr. 151:19–152:4 (Villegas Test.) (Feb. 10, 2026); Tr. 165:15–22, 202:4–8 (M.S.V. Test.) (Feb. 10, 2026). The Patient testified that she "was a hundred percent certain" she wanted to terminate the pregnancy from the moment she learned she was pregnant and that nothing would have changed her decision. Tr. 201:1–202:8, 203:2–22 (M.S.V. Test.) (Feb. 10, 2026). Plaintiff, who exercised significant influence over the Patient, attempted to persuade her not to proceed with the abortion but was unsuccessful. Tr. 106:11–24, 113:23–114:10, 119:3–5, 132:12–17, 133:11–25, 153:19–154:1, 155:17–156:5 (Villegas Test.) (Feb. 10, 2026).

86. The Patient further testified that she felt the medical care Defendants provided her was proper; that she received all the information she felt she needed before receiving her abortion medications; that she would not have asked to see any additional written materials or information if it had been offered to her; and that she would not have asked to see any information from the State of Arizona. Tr. 203:2–18 (M.S.V. Test.) (Feb. 10, 2026). Her main concern with regard to seeking out abortion care was simply "[t]o just get an abortion." Tr. 203:23–204:1 (M.S.V. Test.) (Feb. 10, 2026).

87. The Court finds that the Patient never wavered in her decision to have an abortion and that no action by any Defendant would have altered that decision.

88. Moreover, evidence presented suggests the medical care received by the Patient was medically appropriate and consistent with what a patient typically considers prior to deciding whether to obtain an abortion.

89. The Court heard expert testimony from Dr. Paul Isaacson, a board-certified obstetrician/gynecologist licensed to practice in Arizona and Nevada. Tr. 99:4–101:3 (Isaacson Test.) (Feb. 11, 2026); Ex. F. With over three decades of experience providing abortion care, he has treated tens of thousands of patients, including obtaining their informed consent to receive abortion care. Tr. 103:1–18 (Isaacson Test.) (Feb. 11, 2026). Dr. Isaacson has taught and trained medical students and residents in the provision of abortion care for approximately fifteen years as a Clinical Assistant Professor at the University of Arizona School of Medicine. Tr. 105:10–106:18 (Isaacson Test.) (Feb. 11, 2026).

90. He is also a member of the National Abortion Federation (NAF), a professional organization of abortion providers that establishes clinical guidelines for the practice of abortion, disseminates research and information about abortion care, and inspects and accredits abortion clinics. Tr. 101:5–102:25 (Isaacson Test.) (Feb. 11, 2026). As co-owner of a NAF-certified abortion clinic in Arizona, Dr. Isaacson not only provides abortion care but has also created clinical policies and procedures, including those for obtaining a patient's informed consent. Tr. 103:19–104:25 (Isaacson Test.) (Feb. 11, 2026).

91. The Court finds Dr. Isaacson to be highly qualified and experienced in the provision of abortion care, including in obtaining a patient's informed consent to receive that care. Tr. 108:7–13 (Isaacson Test.) (Feb. 11, 2026). His expert testimony is thus highly credible.

92. Dr. Isaacson reviewed the Patient's medical chart from her abortion care provided by Defendants—common practice in his experience as a physician providing abortion care. Tr. 128:18–129:3, 130:6–13 (Isaacson Test.) (Feb. 11, 2026). He concluded that Defendants exercised reasonable medical judgment, provided the Patient with medically appropriate care, and adequately obtained the Patient's informed consent from a medical standpoint. Tr. 129:4–21, 130:15–131:25 (Isaacson Test.) (Feb. 11, 2026).

93. He found no evidence of inappropriate medical judgment, deception, manipulation, extreme misconduct, or evil motive. Tr. 132:1–13 (Isaacson Test.) (Feb. 11, 2026). He could not testify whether the website had been offered to the Patient, as he had no evidence one way or the other on this point and could not confirm either way from the medical records and deposition testimony of the medical providers he reviewed in formulating his opinions. Tr. 155:3–15 (Isaacson Test.) (Feb. 11, 2026).

94. It was Dr. Isaacson's expert opinion as an abortion provider that obtaining a patient's informed consent for abortion care would require medical judgment developed through experience providing abortion care. Tr. 109:1–22 (Isaacson Test.) (Feb. 11, 2026).

95. Yet the only expert testimony that Plaintiff offered that could possibly contradict Dr. Isaacson was from Dr. Hazelrigg. Dr. Hazelrigg is not qualified to offer expert opinions about abortion care or the informed consent process for abortion because he has never worked in an abortion clinic, provided abortion care, or obtained a patient's informed consent for abortion care; has never had to comply with the Act or provided a patient seeking abortion care with the disclosures required by the Act; has never referred a patient to another clinician for abortion care; did not receive any training in providing abortion care during his residency program, which concluded before the Food and Drug Administration even approved medication abortion—the type of abortion care at issue in

this lawsuit—in the United States; has never taught medical students or residents how to provide abortion care; is not a member of NAF; and does not know of any obstetrician/gynecologist who uses the proper medical terms of "embryo" or "fetus." Tr. 61:18–64:20, 82:12–83:10 (Hazelrigg Test.) (Feb. 10, 2026).

96. The Court finds that Dr. Hazelrigg's experience with abortion is limited and advocacy-oriented. In September 2022, he volunteered to serve as Guardian Ad Litem for all "unborn children" in an Arizona state court proceeding challenging the constitutionality of abortion laws, and he testified that he does not believe women should have the legal right to terminate a pregnancy. Tr. 65:2–23, 66:9–13 (Hazelrigg Test.) (Feb. 10, 2026).

97. Accordingly, the Court gives less weight to the testimony of Dr. Hazelrigg than it does to the testimony of Dr. Isaacson as to the care provided during the Abortion Care Visits.

98. The medical experts in this case also offered conflicting opinions on whether the pregnancy would result in a live birth or viable child. Defendants argue that at approximately eight weeks of pregnancy, it is not possible to determine whether an embryo will continue to develop in a healthy manner, be born alive, or what relationship, if any, it would have with a biological parent. The Court agrees.

99. Although Dr. Hazelrigg testified that fewer than five percent of embryos with detectable cardiac activity at eight weeks miscarry, he cited no professional literature or supporting evidence for that assertion. Tr. 40:23–42:11 (Hazelrigg Test.) (Feb. 10, 2026). He also conceded that the likelihood of carrying a pregnancy to term and delivering a healthy baby depends on the pregnant person's individual risk factors. Tr. 66:20–67:3 (Hazelrigg Test.) (Feb. 10, 2026).

100. By contrast, Dr. Isaacson credibly testified that approximately twenty percent of pregnancies miscarry during the first nine weeks of pregnancy, a period that included the Patient's pregnancy at the time of her abortion, and that many other fetal conditions are not diagnosed until a twenty-week ultrasound examination. Tr. 117:9–25, 126:12–21, 150:6–151:24, 154:14–22 (Isaacson Test.) (Feb. 11, 2026).

101. The Court finds that miscarriage risk is not uniform and may be significantly affected by individualized risk factors, which can increase the likelihood of miscarriage, stillbirth, or fatal fetal anomaly to greater than fifty percent in some cases. Tr. 154:23–155:2, 156:10–18 (Isaacson Test.) (Feb. 11, 2026).

102. Dr. Hazelrigg did not examine the Patient, was unaware of her medical history or family medical history, and could not identify key characteristics of the pregnancy, including the sex of the embryo. Tr. 42:12–22, 67:4–11, 72:18–20, 74:23–25, 93:9–12 (Hazelrigg Test.) (Feb. 10, 2026). Accordingly, Dr. Hazelrigg could not assess the Patient's individualized risk factors for miscarriage, stillbirth, or fatal fetal anomaly.

103. The Court finds that maternal-fetal medicine is a recognized subspecialty dedicated to the care of high-risk pregnancies. Tr. 77:11–17 (Hazelrigg Test.) (Feb. 10, 2026).

104. Many conditions that render a pregnancy high risk cannot be identified at eight weeks of gestation. Tr. 77:18–21 (Hazelrigg Test.) (Feb. 10, 2026).

105. Fetal chromosomal abnormalities generally cannot be reliably diagnosed until at least ten weeks of pregnancy, and many structural anomalies are not identified until approximately twenty weeks. Tr. 67:20–24 (Hazelrigg Test.) (Feb. 10, 2026); Tr. 154:14–22 (Isaacson Test.) (Feb. 11, 2026); Tr. 90:10–12 (Hazelrigg Test.) (Feb. 10, 2026) ("But at eight weeks, I think we discussed that it would be very difficult to know whether this baby had a lethal condition or not.").

106. The Court finds that it is not possible to determine whether the Patient's embryo had or would have developed a fatal genetic or structural condition at the time the abortion occurred.

107. Serious maternal complications—including gestational diabetes, preeclampsia, eclampsia, placental abnormalities, and preterm premature rupture of membranes—typically arise later in pregnancy and can be life-threatening. Tr. 72:21–73:7, 75:1–77:10 (Hazelrigg Test.) (Feb. 10, 2026).

108. The Court finds that it is not possible to determine whether the Patient would have developed such complications or how they would have affected the outcome of the pregnancy.

109. The Court therefore finds that Plaintiff's claimed injury based on the loss of a future relationship with a child is inherently speculative.

110. Defendants also ask the Court to consider the contributions Plaintiff made to the abortion occurring.

111. Plaintiff facilitated the Patient's access to abortion care by driving her to and from the clinic on multiple occasions so that she could obtain and use abortion medication. Tr. 125:18–126:2, 134:18–135:7, 139:20–23 (Villegas Test.) (Feb. 10, 2026); Tr. 199:24–200:9 (M.S.V. Test.) (Feb. 10, 2026).

112. The Court finds that Plaintiff's actions contributed to the Patient's ability to obtain the abortion.

113. The Court finds that, given the Patient's unwavering decision, the outcome of the pregnancy was not affected by any alleged conduct of Defendants.

DEFENDANTS' PROPOSED CONCLUSIONS OF LAW.

1. A plaintiff seeking relief under A.R.S. § 36-2153 must establish that he falls within the class of people entitled to relief under the statute. Where a party's entitlement to a statutory cause of action is challenged, the burden rests with the plaintiff to prove that he satisfies the statutory requirements for relief. *Aranda v. Cardenas*, 215 Ariz. 210, 216–18, ¶¶ 16–28 (App. 2007).

2. Because this is a civil action and the statute does not impose a heightened burden, Plaintiff's entitlement must be established by a preponderance of the evidence. *See Am. Pepper Supply Co. v. Fed. Ins. Co*., 208 Ariz. 307, 311, ¶ 11 (2004); *Aileen H. Char Life Int. v. Maricopa Cnty.*, 208 Ariz. 286, 291, ¶ 11 (2004).

3. In a civil proceeding, the Court may determine whether conduct constitutes a "criminal act" for purposes of statutory eligibility using the preponderance of the

evidence standard. *See Fitzgerald v. Superior Court*, 173 Ariz. 539, 547 (App. 1992); *Pfeil v. Smith*, 183 Ariz. 63, 65–66 (App. 1995); *In re Stephanie B.*, 204 Ariz. 466, 470, ¶ 15 (App. 2003).

4. A.R.S. § 36-2153(K)(2) excludes from recovery any husband responsible for a pregnancy resulting *from* his criminal act. Because this limitation defines the scope of the statutory cause of action, Plaintiff bears the burden of proving that he is not disqualified under this provision. *See Aranda*, 215 Ariz. at 218, ¶ 28.

5. Under A.R.S. § 13-1406, sexual assault occurs when a person engages in sexual intercourse without consent. Consent is absent where the victim is intentionally deceived as to the nature of the act. A.R.S. § 13-1401(A)(7)(c).

6. Under Arizona law, consent to sexual intercourse may be vitiated by deception, including deception regarding material aspects of the nature of the act. *See State v. Schackart*, 190 Ariz. 238, 246 (1997); *see also State v. Van Adams*, 194 Ariz. 408, 420, ¶ 42 n.10 (1999).

7. The statutory definition of "without consent" in A.R.S. § 13-1401(A)(7) is illustrative and non-exhaustive, and courts may recognize additional forms of non-consensual conduct consistent with the statute's purpose. *State v. Witwer*, 175 Ariz. 305, 307–08 (App. 1993).

8. A misrepresentation regarding a party's ability to cause pregnancy is a material fact that may alter the nature of the sexual act for purposes of determining consent under A.R.S. § 13-1401(A)(7).

9. Where a party intentionally misrepresents his reproductive capacity, and that misrepresentation induces the other party to engage in intercourse under materially false pretenses regarding the risk of pregnancy, such conduct may constitute intercourse without consent under A.R.S. § 13-1401(A)(7).

10. Where a pregnancy results from intercourse that occurred without consent due to deception, the pregnancy results from the actor's criminal conduct for purposes of A.R.S. § 36-2153(K)(2).

11. A plaintiff who is disqualified under A.R.S. § 36-2153(K)(2) is not entitled to recover under the statute as a matter of law.

12. Where a plaintiff fails to prove, by a preponderance of the evidence, that he is not disqualified under A.R.S. § 36-2153(K)(2), judgment must be entered against him.

13. Plaintiff has failed to establish that he qualifies for relief under A.R.S. § 36-2153. Because the pregnancy at issue resulted from conduct constituting a criminal act under Arizona law, judgment shall be entered in favor of Defendants.

In the alternative

14. Pursuant to A.R.S. § 36-2153(L)(2), Plaintiff is entitled to statutory damages in the amount of five thousand dollars ($5,000).

15. Pursuant to A.R.S. § 36-2153(L)(3), Plaintiff is entitled to an award of reasonable attorney's fees and costs for legal work done on his successful claim for statutory damages. To recover those fees and costs, Plaintiff must submit a fee application supported by evidence demonstrating that the fees sought are for time reasonably spent litigating his sole successful claim and the costs sought were reasonably incurred in connection with that claim. *Trus Joist Corp. v. Safeco Ins. Co. of Am.*, 153 Ariz. 95, 110 (App. 1986); *Schweiger v. China Doll Rest., Inc.*, 138 Ariz. 183, 189 (App. 1983).

16. "The appropriate amount of damages in a case of intangible harm lies within the discretion of the trial court." *Roberts v. City of Phoenix*, 225 Ariz. 112, 123, ¶ 41 (App. 2010). The Court concludes, based on the totality of the evidence in the record, that Plaintiff is not entitled to an award of compensatory damages for psychological, emotional, or physical injuries.

17. Plaintiff is not entitled to an award of punitive damages because A.R.S. § 36-2153(L) does not authorize the recovery of punitive damages. Moreover, Plaintiff has failed to show by clear and convincing evidence that Defendant's actions "either (1) intended to cause harm, (2) were motivated by spite, or (3) were outrageous, creating a substantial risk of tremendous harm to others." *Swift Transp. Co. of Ariz. L.L.C. v. Carman ex rel. Cnty. of Yavapai*, 253 Ariz. 499, 506, ¶ 22 (2022).

DATED this 6th day of May, 2026

SLUTES, SAKRISON & ROGERS, P.C.

By: /s/ Tom Slutes
Tom Slutes
Monika Kozan

Jamila Johnson
LAWYERING PROJECT
900 Camp St., 3rd Floor #1197
New Orleans, LA 70130
jjohnson@lawyeringproject.org
Pro Hac Vice

Stephanie Toti
LAWYERING PROJECT
41 Schermerhorn St., No. 1056
Brooklyn, NY 11201
stoti@lawyeringproject.org
Pro Hac Vice

Juanluis Rodriguez
LAWYERING PROJECT
41 Schermerhorn St., No. 1056
Brooklyn, NY 11201
prodriguez@lawyeringproject.org
Pro Hac Vice

Attorneys for Defendants

Original filed with the Gila
County Superior Court; with a
copy being mailed this 6th day of May, 2026 to:

J. Stanley Martineau, Esq.
Martineau Law, PLLC
4445 E. Holmes Avenue, Suite 106
Mesa, Arizona 85206
stan@martineau.law
Attorneys for Plaintiff