IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

ISIS BENJAMIN, et al. Plaintiffs, v. COMMISSIONER TYRONE OLIVER, et al., Defendants.	Civ. Case No. 1:25-cv-04470-VMC **CLASS ACTION**

PLAINTIFFS' REPLY TO STATE DEFENDANTS' OPPOSITION TO PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

TABLE OF CONTENTS

INTRODUCTION

The State Defendants' ("Defendants") opposition is notable for what it *does not do* and *does not say*. Defendants do not dispute *any element* of Plaintiffs' claim and do not even *attempt* to defend their conduct under the Eighth Amendment's deliberate indifference test. For instance, despite past policies establishing that gender dysphoria patients have "serious medical needs which may not be ignored," Doc. 11-10 at 4,[1] Defendants admit they have stopped providing Plaintiffs and provisional class members individualized gender dysphoria treatment or assessments. Doc. 25 at 8–9. Defendants admit they have implemented a categorical ban on hormone therapy—not merely a requirement of self-pay. Doc. 25 at 30.[2] They admit they began terminating hormone treatment in July 2025, even though it was only prescribed when GDC clinicians—including Defendant Mardis—deemed the treatment medically necessary. Wynne Decl. (Doc. 28-1) ¶¶ 4, 9, 11. Most shockingly, Defendants admit that patients are now experiencing harm so stark that they are actively being monitored for suicide, but question whether suicidal ideation is *enough* to warrant judicial intervention. Doc. 25 at 24–26.

[1] When citing documents in the Court's electronic record, Plaintiffs refer to the document and page number(s) in the header generated by the district court's electronic filing system. Quotations, citations, and alterations original to legal citations are also omitted, while alterations and emphasis are added throughout.

[2] Plaintiffs address the Court's first question to the Parties in Sec. II.B *infra*. Defendants' admission is conclusive as to the second question. Doc. 10 at 2–3.

Indeed, because Defendants cannot and do not dispute the core facts establishing the constitutional violations—obviating the need for an evidentiary hearing *at all*[3]—Defendants avoid discussing the elements of deliberate indifference *altogether*. First, they make the astonishing claim that state laws like SB185 are insulated from judicial review, as if *Marbury v. Madison* and *Ex Parte Young* never existed. Then they fabricate a "controversy" concerning hormone therapy in adults, built on gross mischaracterizations of the caselaw and medical literature, that is wholly absent from the legislative record. They assert that "WPATH guidance does not dictate constitutional standards," Doc. 25 at 17, even though WPATH is hardly the crux of Plaintiffs' Eighth Amendment claim, and contend their past provision of hormone therapy is irrelevant—even though it was prescribed based on GDC's own medical necessity finding—as if the medical care stopped being medically necessary by mere stroke of the Governor's pen. Finally, they claim the Constitution does not reach gender dysphoria patients like Plaintiffs Madison and Benjamin who are awaiting an initial evaluation for gender dysphoria treatment following their diagnosis, despite a wealth of contrary case law. Since all these arguments fail, Plaintiffs' motion should be granted.

[3] *Transcon. Pipeline Co. v. 6.04 Acres*, 910 F.3d 1130, 1169 (11th Cir. 2018) (evidentiary hearings only required "where facts are bitterly contested and credibility determinations must be made to decide whether injunctive relief should issue.").

ARGUMENT

I. State laws cannot insulate Defendants from judicial review.

Defendants devote a quarter of their brief to trying to justify SB185 as a reasonable legislative response to what they contend is a hotly contested question of public policy. This argument has *at least* three problems: First, the General Assembly's passage of SB185 does not shield Defendants from judicial review. "[A] law repugnant to the constitution is void" under the Supremacy Clause. *Marbury v. Madison*, 5 U.S. (1 Cranch) 137, 180 (1803); *accord* U.S. Const. art. VI, § 2. Indeed, the whole *Ex Parte Young* doctrine would collapse if a state official could enforce an unconstitutional state law because it was an otherwise valid "legislative enactment." 209 U.S. 123, 159 (1908) (holding that an unconstitutional legislative enactment is "void"). SB185, therefore, cannot override Defendants' constitutional obligation to provide adequate medical care to "those whom it is punishing by incarceration." *Estelle v. Gamble*, 429 U.S. 97, 103 (1976).

Second, legislative history is "not a necessary part of Eighth Amendment analysis," nor is it relevant. *United States v. Farley*, 607 F.3d 1294, 1320 (11th Cir. 2010). And even if it were, the alleged "controversy" about hormone therapy for transgender adults that Defendants cite as the motivation for SB185 is *completely absent* from the legislative record. When asked why SB185 was banning access to hormone therapy, "*a very low-cost medication*," this was the *only* justification given:

> First of all, *the cost has nothing to do with it*. The cost has—if

> we open up the door for *small opportunities* to move into the area dealing with gender dysphoria, then, then easily—could it be interpreted by any court or others that the door should be pushed completely open, therefore exposing us to surgeries, gender reassignment and things of that nature?[4]

Defendants' defense is a fictitious post-hoc rationalization. Finally, there is *no* controversy surrounding hormone therapy in adults; like the "legislative rationale" for SB185, Defendants just fabricated it. *See* Sec. II.D.

II. Plaintiffs have demonstrated a substantial likelihood of success on the merits of their Eighth Amendment claim.

A. The State does not dispute the presence of key elements necessary for a preliminary injunction.

Defendants do not dispute that gender dysphoria is a serious medical condition requiring individualized treatment. Nor could they because there is "no debate" on this issue. *Keohane v. Fla. Dep't of Corr. Sec'y*, 952 F.3d 1257, 1265–66 (11th Cir. 2020). Defendants' SOPs, specifically 507.04.68 § IV.A.6, previously acknowledged as much. Doc. 11-10 at 4. This satisfies the "objective" prong of deliberate indifference. *Keohane,* 952 F.3d at 1265–66.

GDC's prior policies, including SOP 220.09 § IV.K.7, also establish Defendants subjectively knew that: (1) gender dysphoria a serious medical need requiring individualized medical care; (2) hormone therapy can be medically

[4] Ga. Senate, 2025–2026 Reg. Sess., Senate Chamber Hr'g (Mar. 3, 2025), https://vimeo.com/showcase/9076378?video=1061336682 (Bill Sponsor Sen. Randy Robertson speaking, with relevant discussion appearing at 5:36:20–5:37:00).

necessary; (3) "[o]nly medical practitioners [should] make decisions regarding gender-related hormone treatment needs," Doc. 11-11 at 18, and (4) GDC personnel—including Defendant Mardis—determined it was *in fact* medically necessary for all for whom it was previously approved. Doc. 11-10 at 7–8.

Defendants' attempt to cast their prior gender dysphoria policies as irrelevant fails. "[C]ircumstantial evidence … can be used to show that a prison official possessed the necessary knowledge." *Lane v. Philbin*, 835 F.3d 1302, 1308 (11th Cir. 2016); *accord Farmer v. Brennan*, 511 U.S. 825, 842 (1994). GDC's prior policies evidence Defendants' subjective awareness of the seriousness of the condition, the risks arising from it, and the consequences of ignoring it. And even though Defendants willfully misconstrue Plaintiffs' argument on this point, Doc. 25 at 20-22, past care is relevant because it shows Defendants' subjective knowledge that hormone therapy can be medically necessary for adults, and that categorically withholding care put Plaintiffs and others at substantial risk. Doc. 3 at 6–7, 14–17, 19.

Yet, Defendants "disregarded that risk" and "engaged in conduct that amounts to subjective recklessness" by withholding care pursuant to a blanket ban. *Stalley v. Cumbie*, 124 F.4th 1273, 1283 (11th Cir. 2024). No further showing is required. *Id.*

B. Defendants' enforcement of a blanket ban on hormone therapy treatment and evaluations is deliberately indifferent.

Plaintiffs' evidence—and Defendants' admissions—show that Defendants

knew that withholding hormone therapy carries grave risks, up to and including physical injury, suicidal ideation, and suicide attempts. Doc. 3 at 14–17; Doc. 11-16; Doc. 11-21; Doc. 25 at 24-25. However, notwithstanding the fact that "intentionally interfering with [medical] treatment once prescribed" plainly "constitutes the unnecessary and wanton infliction of pain proscribed by the Eighth Amendment," *Estelle*, 429 U.S. at 105, Defendants began methodically terminating hormone therapy for more than one hundred gender dysphoria patients in July 2025—including Plaintiffs Doe, Horton, and Wilson. Doc. 28-1 ¶¶ 4–5, 9, 11. Defendants also refuse to evaluate Plaintiffs Benjamin and Madison for gender dysphoria treatment, along with more than 230 others in GDC custody diagnosed with the condition, Doc. 28-1 ¶¶ 3–5, 8, 10,[5] even though it violates the Eighth Amendment to "refuse[] to take the steps to see that [patients are] properly evaluated." *Ancata v. Prison Health Servs., Inc.*, 769 F.2d 700, 704 (11th Cir. 1985). In each instance, Defendants withhold care for a single reason, SB185's blanket ban, not patient need. This is *per se* deliberate indifference. *Ancata*, 769 F.2d at 704; *Keohane*, 952 F.3d at 1266–67.

C. Defendants' response to the Court's second question is incorrect.

Defendants contend that Plaintiffs Benjamin, Madison and others seeking

[5] This is true even though GDC prescribed Benjamin and Madison hormone therapy during prior incarcerations. Benjamin Decl. (Doc. 11-3) ¶¶ 12–14; Madison Decl. (Doc. 11-5) ¶ 10.

treatment evaluations have no Eighth Amendment claim. Doc. 25 at 30. That position finds no support in the law.

As the Supreme Court and Eleventh Circuit have explained, prison officials are deliberately indifferent when they "intentionally deny[] or delay[] access to medical care," *Estelle*, 429 U.S. at 104, "refuse[] to take the steps to see that a plaintiff was properly evaluated," *Ancata*, 769 F.2d at 704, or enforce blanket healthcare bans ignoring patient need. *Keohane*, 952 F.3d at 1266–67. *Keohane* reasoned that "a shoulder-shrugging refusal even to consider whether a particular course of treatment is appropriate *is 'the very definition of "deliberate indifference"—anti-medicine, if you will*.'" *Id.* at 1267.[6] That reasoning squarely applies here, and it is consistent with courts nationwide that have condemned blanket hormone therapy bans, including for those seeking evaluations. *Keohane*, 952 F.3d at 1267 (collecting cases); *Robinson v. Labrador*, 747 F. Supp. 3d 1331, 1348 (D. Idaho 2024).

D. Defendants' actions were unreasonable.

Offering counseling *in lieu of* medically necessary hormone therapy is no more constitutional than offering a bandage to a patient with bullet wound. Eleventh

[6] Defendants' attempt to dismiss the Eleventh Circuit's binding decision in *Keohane* as irrelevant is astonishing, given, as shown below in Section II.E, their Opposition relies principally on dissents, concurrences, in-chambers opinions, out of circuit cases, and inapplicable authority on gender dysphoria treatment for minors.

Circuit cases allowing plaintiffs to advance claims when offered counseling but not hormone therapy prove this point. *See, e.g., Kothmann v. Rosario*, 558 F. App'x 907, 912 (11th Cir. 2014); *Diamond v. Owens*, 131 F. Supp. 3d 1346, 1353, 1372–75, 1382 (M.D. Ga. 2015). Deliberate indifference, after all, can consist of an "easier and less efficacious treatment." *Ancata*, 769 F.2d at 704.

Mental health counseling is *not* treatment for gender dysphoria or its symptoms in any event, as discussed in the declarations of Dr. Ettner (Doc. 11-1) ¶¶ 95–97, 120, and Dr. Haw (Doc. 11-2) ¶¶ 33, 43–45, 63, which is why GDC's pre-SB185 policies authorized hormone therapy in the first place. Doc. 3 at 14–15, 22 (discussing policies).[7] Defendants utterly fail to rebut this point. But whether SB185 bans "some," "most," or "all" gender dysphoria care, withholding hormone therapy even when it makes patients actively suicidal is not "minimally adequate care." *Hoffer v. Sec'y, Fla. Dep't of Corr.*, 973 F.3d 1263, 1277 (11th Cir. 2020).

E. The overwhelming medical consensus regarding gender dysphoria care for adults stands unrebutted.

Defendants offer no credible medical authority to support their claim that the

[7] Although Defendants insist they are "not categorically preventing all treatment for gender dysphoria," Doc. 25 at 27, nothing could be further from the truth. Doc. 11-1 ¶¶ 56–59; Doc. 11-2 ¶¶ 55, 61. Further, the counseling offered is *decidedly not* "*specific counseling related to gender dysphoria.*" Doc. 25 at 12–13. It is the ordinary "range of mental health services at a facility" available to offenders with diagnoses other than gender dysphoria, as GDC's Statewide Mental Health Director attests. Haynes Owen Decl. (Doc. 25-2) ¶¶ 7–10.

medical community has called into question hormone therapy for transgender adults.

1. Defendants mischaracterize Plaintiffs' discussion of WPATH as well as their own medical literature.

Defendants spill much ink disputing WPATH's credibility. Doc. 25 at 17–20. Of course, Plaintiffs' Motions do not turn on WPATH or refer to it as the constitutional standard. *See* Docs. 2 & 3.[8] Medical necessity defines the constitutional standard, not what a state legislature decides is worth paying for, as Defendants would have the Court believe. Doc. 3 at 13–23; *Keohane*, 952 F.3d at 1266–67. WPATH standards, like the Endocrine Society Guidelines, and other evidence Plaintiffs rely on, are persuasive evidence that gender dysphoria requires individualized medical treatment and that hormone therapy can be medically necessary. *See* Doc. 3 at 4–5 (collecting sources); Doc. 11-8 at 2, 4–5, 7; Doc. 11-15 at 2 (applying WPATH guidelines).[9]

The Cass Report, which Defendants misleadingly cite, states that hormone therapy in adults "is a *well-established practice that has transformed the lives of many transgender people,*" whose "long-term benefits" "*dramatically outweigh*[]" concerns. The Endocrine Society Guidelines, discussed in the declarations of Drs.

[8] Nor do Plaintiffs suggest "their preferred treatment plan," Doc. 25 at 16, or "the more aggressive care that Plaintiffs desire[]," Doc. 25 at 13 (cleaned up), could define the constitutional standard.

[9] *See also Edmo v. Corizon, Inc.*, 935 F.3d 757, 769–70 (9th Cir. 2019) (discussing WPATH's broad acceptance); *Cordellione v. Comm'r, Ind. Dep't of Corr.*, No. 3:23-CV-00135-RLY-CSW, 2024 WL 4333152, at *7 (S.D. Ind. Sept. 17, 2024) (same).

Haw and Ettner, which Defendants do not challenge, likewise establishes hormone therapy as a frontline gender dysphoria treatment. Doc.11-2 ¶¶ 21–22; Doc. 11-1 ¶¶ 47–51. And the Endocrine Society article Defendants cite, *see* Doc. 25 at 19, affirms that hormone therapy is "an essential component of care." Kellan E. Baker et al., *Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review*, 5(4) J. ENDOCRINE SOC'Y 1, 13 (2021). Thus, Defendants' own sources confirm the necessity of the care SB185 prohibits.

2. Defendants' Equal Protection caselaw is irrelevant, and its Eighth Amendment caselaw supports Plaintiffs' Motion.

Defendants also attempt to sow doubt about gender dysphoria treatment for adults using inapplicable equal protection cases largely about the use of puberty blockers in minors.[10] This too is unavailing. *United States v. Skrmetti*, and related cases, did not sustain a blanket ban on hormone therapy in adults, let alone for an incarcerated adult population to whom the state owes an affirmative constitutional duty to provide medical care. 145 S. Ct. 1816, 1826 (2025); *Eknes-Tucker v. Gov't of Ala.*, 114 F.4th 1241, 1259 (11th Cir. 2024), *Brandt ex rel. Brandt v. Griffin*, No. 23-2681, 2025 WL 2317546, at *6–8 (8th Cir. Aug. 12, 2025) (en banc). Cases applying a *different* legal standard to a *different* population bear no weight here.

[10] *Kadel v. Folwell*, 100 F.4th 122 (4th Cir. 2024), is an equal protection case about adults, but it does not concern hormone therapy.

While Defendants eventually cite a handful of Eighth Amendment cases, none approve of blanket hormone therapy bans, *undermining* Defendants' own legal position. For example, *Lamb v. Norwood*, 899 F.3d 1159 (10th Cir. 2018), and *Druley v. Patton*, 601 F. App'x 632 (10th Cir. 2015), involved disputes over the *dosage* of hormone therapy, not complete denial. The defendants in each case escaped liability *because* they exercised medical judgment and the courts determined the dosages to be medically adequate. *Druley*, 601 F. App'x at 635; *Lamb*, 899 F.3d at 1163. Other cases—*Bayse v. Ward*, No. 24-11299, 2025 WL 2178446, at *1 (11th Cir. Aug. 1, 2025), *Gibson v. Collier*, 920 F.3d 212, 224 (5th Cir. 2019), and *Kosilek v. Spencer*, 774 F.3d 63, 86 (1st Cir. 2014)—do not even concern the denial of hormone therapy, let alone blanket bans; in fact, each plaintiff *received* the treatment. *Kosilek* even states that blanket bans on gender dysphoria treatment (including surgery) "conflict with the requirement that medical care be individualized." 774 F.3d at 91.[11]

Defendants inaccurately claim that *Bayse* establishes a legislature's "broad authority" to prohibit medical treatments. Doc. 25 at 15. Rather, it rejected a damages claim alleging that the denial of hairstyle accommodation violated clearly established Eighth Amendment case law, where the denial *was based* on a clinician's individualized medical judgment. *Bayse*, 2025 WL 2178446, at *6. Thus,

[11] Although *Gibson* expressed a contrary view, it is an outlier in the Eighth Amendment caselaw and has not been adopted outside the Fifth Circuit. *See Edmo*, 935 F.3d at 794–97.

Defendants' authorities only reinforce Plaintiffs' position: SB185's shoulder-shrugging ban on medically necessary hormone therapy is deliberate indifference. *Keohane*, 952 F.3d at 1266–67; *Kosilek*, 774 F.3d at 91.

III. The harm to Plaintiffs is severe, irreparable, and unrebutted by Defendants.

Defendants acknowledge their actions enforcing SB185 are causing foreseeable physical and emotional harms. Doc. 25 at 23–25. And they do not dispute that the risks, discussed in the declarations of Drs. Ettner and Haw—including injury or death from suicide and castration attempts—will only increase with time. Doc. 11-1 ¶¶ 124–64, 167–69; Doc. 11-2 ¶¶ 42–43, 49–51, 56–57, 61–62. Each of these injuries constitutes irreparable harm that Defendants acknowledge was foreseeable. Doc. 25 at 24; *see also Keohane*, 952 F.3d at 1265; *Doe v. Ga. Dep't of Corr.*, 730 F. Supp. 3d 1327, 1349 (N.D. Ga. 2024), *appeal dismissed as moot*, No. 24-11382, 2025 WL 1206229 (11th Cir. Mar. 6, 2025); *Melendez v. Sec'y, Fla. Dep't of Corr.*, No. 21-13455, 2022 WL 1124753, at *1 (11th Cir. Apr. 15, 2022).

Instead, the State Defendants suggest that suicidal ideation and psychological pain is of no consequence if they manage to prevent the ultimate act. Doc. 25 at 24. Eleventh Circuit law forecloses that argument. "[D]epriving a transgender inmate of adequate [hormone therapy] will wreak havoc on the inmate's physical and emotional state—a harm that is neither compensable nor speculative." *Doe*, 730 F. Supp. 3d at 1349. Likewise, "discontinu[ing] … medication" despite a "potential

suicide risk" can be deliberate indifference even if the person escapes injury. *Steele v. Shah*, 87 F.3d 1266, 1270 n.3 (11th Cir. 1996); *Melendez*, 2022 WL 1124753, at *1 (increased risk of suicide is irreparable harm).

And although Defendants state that courts have "denied preliminary injunctions … even where the plaintiffs claimed that the laws would increase the risk of suicide or mental distress," Doc. 25 at 24, among other problems, it relies (again) on equal protection cases about *minors* and on the merits with a denial based on a lack of cognizable harm.

IV. Plaintiffs' requested injunctive relief is a narrowly drawn remedy, satisfying the PLRA.

Defendants characterize Plaintiffs' claim as a facial challenge, and then wrongly claim Plaintiffs must show "there is no set of circumstances under which SB185 is constitutional." Doc. 25 at 7. First, the Court need not—at the preliminary injunction stage—conclude that SB185 is facially unconstitutional to bar its application to Plaintiffs and putative class members. *See* Sec. II.B. Second, the no-set-of-circumstances "rule" is "correctly understood not as a separate test applicable to facial challenges, but a description of the outcome of a facial challenge." *Henry v. Sheriff of Tuscaloosa Cnty.*, 135 F.4th 1271, 1326 (11th Cir. 2025). Either way, *no* legal precedents bless Defendants' actions. *See* Sec. II.

Nor is the proposed injunction an "obey the law" order. Instead, it enjoins specific conduct that violates the Eighth Amendment. The injunction is also

narrowly drawn for purposes of the Prison Litigation Reform Act ("PLRA") as Plaintiffs' *opening brief* explains, Doc. 3 at 26, "extend[ing] no further than necessary to correct" the violations arising from Defendants' enforcement of SB185. 18 U.S.C. § 3626 (a)(2). For instance, Plaintiffs' request that Defendants "resume providing hormone therapy in the dosages and amounts approved by GDC pursuant to its pre-SB185 policies" responds to Defendants' admission to reducing hormone therapy dosages *solely* to comply with SB185. Doc. 28-1 ¶¶ 4–5. It does not prevent GDC medical providers from making subsequent adjustments to hormone therapy based on patient medical need, consistent with the pre-SB185 policies it explicitly references. Doc. 11–11 at 18.

In sum, the requested preliminary injunction is "the least intrusive means necessary to correct [the] harm" arising from SB185, 18 U.S.C. § 3626 (a)(2), because it merely restores the *status quo* in effect until weeks ago where Defendants provided gender dysphoria treatment based on *individualized* patient need. Doc. 11-9 at 3–5; Doc. 11-10 at 2, 4, 6–8; Doc. 11-11 at 18–19. The injunction does not violate principles of comity or "adverse[ly] impact" GDC's operations for the very same reasons. 18 U.S.C § 3626 (a)(2).

V. The balance of equities and public interest mandate an injunction.

Finally, the admitted harm Plaintiffs will face absent an injunction outweighs the State's asserted interests in enforcement. A state suffers no cognizable harm

when it is enjoined from enforcing unconstitutional laws, so the State's alleged "irreparable injury"[12] is no injury at all. *KH Outdoor, LLC v. City of Trussville*, 458 F.3d 1261, 1272 (11th Cir. 2006). In contrast, the ongoing physical and emotional injuries to Plaintiffs are immense. *See* Section III, *supra*. Nor is an injunction adverse to the public interest because "the public interest always is served when citizens' constitutional rights are protected, including ... offenders." *Reed v. Long,* 420 F. Supp. 3d 1365, 1379 (M.D. Ga. 2019); *accord KH Outdoor*, 458 F.3d at 1272. The balance of equities and public interest thus favor Plaintiffs.

CONCLUSION

Because the evidence—and Defendants' concessions—establish Plaintiffs' entitlement to a preliminary injunction to halt irreparable injury to Plaintiffs and Class Members, and because the requested injunction comports with the PLRA, Plaintiffs respectfully request that their Motion for a Preliminary Injunction be granted. Since Defendants failed to advance any arguments in opposition, Rule 65's bond requirement should also be waived.

[Signature appears on following page.]

[12] Defendants cite no binding authority to dispute that point; an in-chambers opinion is not precedential. Doc. 25 at 23; *see Murphy v. Collier*, 468 F. Supp. 3d 872, 878 (S.D. Tex. 2020).

Respectfully submitted this 25th day of August, 2025.

/s/ Amanda Kay Seals
Amanda Kay Seals
GA Bar No. 502720
[redacted]
Matthew R. Sellers
GA Bar No. 691202
[redacted]
BONDURANT, MIXSON & ELMORE, LLP
1201 W Peachtree St NW
Suite 3900
Atlanta, GA 30309
Phone: (404) 881-4100
Fax: (404) 881-4111

Emily C. R. Early,
GA Bar No. 810206
[redacted]
A. Chinyere Ezie*
[redacted]
Celine Zhu*
[redacted]
CENTER FOR CONSTITUTIONAL RIGHTS
666 Broadway, 7th Floor
New York, NY 10012
Phone: (212) 614-6464

D. Korbin Felder*
[redacted]
CENTER FOR CONSTITUTIONAL RIGHTS
P.O. BOX 12046
Jackson, MS 39236
[redacted]

Admitted Pro Hac Vice

Counsel for Plaintiffs

Certificate of Compliance

Pursuant to Local Rule 7.1(D), I certify that this submission complies with the page and word requirements in Local Rule 5.1 because it does not exceed 15 pages and is prepared with size 14-point Times New Roman font.

/s/ Amanda Kay Seals
Amanda Kay Seals

Certificate of Service

I certify that on August 25, 2025, I submitted the foregoing via the Court's CM/ECF system, which will serve an electronic copy on all attorneys of record.

/s/ Amanda Kay Seals
Amanda Kay Seals