

FAX FILE

David V. FILED  
MAR 21 2019

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF HUMBOLDT

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OLIVER KNIGHT

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
HUMBOLDT COUNTY**

OLIVER KNIGHT,  
Plaintiff,

v.

ST. JOSEPH HEALTH NORTHERN  
CALIFORNIA, LLC d/b/a ST. JOSEPH  
HOSPITAL - EUREKA,  
Defendant.

**CASE NO.: DR190259**

**(UNLIMITED CIVIL CASE)**

**VERIFIED COMPLAINT FOR  
DAMAGES**

**(1) VIOLATIONS OF THE UNRUH  
CIVIL RIGHTS ACT;**

**(2) NEGLIGENT INFLECTION OF  
EMOTIONAL DISTRESS; and**

**(3) INTENTIONAL INFLECTION OF  
EMOTIONAL DISTRESS**

**DEMAND FOR JURY TRIAL**

**INTRODUCTION**

1  
2           1.       Plaintiff Oliver Knight (“Plaintiff” or “Mr. Knight”) sought and was denied  
3 access to medical services by Defendant St. Joseph Health Northern California, LLC  
4 (“Defendant”), doing business as St. Joseph Hospital – Eureka (“Hospital”), because he is  
5 transgender. Defendant’s denial to Mr. Knight of medical services that it regularly provides to  
6 non-transgender patients is sex discrimination and violates the Unruh Civil Rights Act, Cal. Civ.  
7 Code § 51.

8           2.       As part of the medical treatment for Mr. Knight’s diagnosis of gender dysphoria,  
9 Mr. Knight’s surgeon, Dr. Deepak Stokes, scheduled a bilateral hysterectomy for Mr. Knight at  
10 St. Joseph Hospital – Eureka on August 30, 2017. Upon information and belief, Dr. Stokes  
11 regularly performs hysterectomies (and related procedures, such as oophorectomies) at the  
12 Hospital. Dr. Stokes, however, told Mr. Knight mere minutes before his scheduled surgery that  
13 he would not be permitted to perform Mr. Knight’s hysterectomy at the Hospital on that day, or  
14 on any day.

15           3.       According to Hospital personnel, Mr. Knight would not be able to receive the  
16 hysterectomy because he did “not meet [its] parameters for a sterilization.” Dr. Stokes  
17 confirmed to Mr. Knight that this meant the procedure was being denied because Mr. Knight is  
18 transgender. That is, Mr. Knight was denied care provided to other Hospital patients because he  
19 is a transgender man who sought the hysterectomy as treatment for his diagnosed gender  
20 dysphoria. Gender dysphoria is a serious medical condition resulting from the incongruence  
21 between one’s gender identity and one’s sex assigned at birth.

22           4.       Because Defendant routinely allows Dr. Stokes and other physicians to perform  
23 hysterectomies for cisgender patients at the Hospital to treat diagnoses other than gender  
24 dysphoria, Defendant’s refusal to allow Dr. Stokes to perform Mr. Knight’s hysterectomy at St.  
25 Joseph Hospital – Eureka constitutes discrimination against Mr. Knight due to his gender  
26 identity.

27           5.       Defendant’s discrimination violates California’s Unruh Civil Rights Act, which  
28 broadly prohibits business establishments from discriminating in the provision of services to the

1 general public. The Unruh Act prohibits discrimination based on sex, which is explicitly defined  
2 to include gender identity. Cal. Civ. Code § 51(b). Refusing Mr. Knight’s medically necessary  
3 hysterectomy because he is a transgender man seeking the procedure as treatment for gender  
4 dysphoria therefore violates California law.

### 5 6 **THE PARTIES**

7 6. Plaintiff Oliver Knight resides in Eureka, California. Mr. Knight is a transgender  
8 man, which means that he was assigned the sex female at birth, but he has a male gender identity  
9 and identifies as a man. Mr. Knight sought and was denied access to necessary medical services  
10 by Defendant St. Joseph Health Northern California, LLC d/b/a St. Joseph Hospital - Eureka.

11 7. Defendant St. Joseph Health Northern California, LLC is registered as a tax-  
12 exempt non-profit corporation. Defendant operates five hospitals in Northern California, all of  
13 which are Catholic facilities. In Humboldt County, California, where Mr. Knight sought and was  
14 denied access to medical services, St. Joseph Health Northern California, LLC does business as  
15 St. Joseph Hospital - Eureka. In Humboldt County, St. Joseph Hospital - Eureka is the only  
16 hospital within 20 miles. St. Joseph Health Northern California, LLC is wholly owned by  
17 Providence St. Joseph Health Network, one of the largest health systems in both the country—  
18 operating 51 hospitals, with over 25,000 physicians—and in California, where it operates 18  
19 hospitals.

### 20 21 **JURISDICTION AND VENUE**

22 8. This Court has jurisdiction over all causes of action asserted herein pursuant to  
23 the California Constitution, Article VI, Section 10, which grants the Superior Court original  
24 jurisdiction in all cases except those given to other trial courts. This Court also has jurisdiction  
25 pursuant to Cal. Code. Civ. Proc. §§ 410.10, 525, 526, 1060 and 1085.

26 9. Plaintiff Knight seeks damages in this case in an amount exceeding the  
27 jurisdictional minimum of this Court.

28 10. Venue in Humboldt County is proper under California Code of Civil Procedure §

1 395.5 because the unlawful conduct at issue in this case occurred in Humboldt County. In  
2 addition, Defendant conducted and continues to conduct substantial business in this County and  
3 its liability arose, in whole or in part, in this County.

4  
5 **FACTUAL ALLEGATIONS**

6 **Gender Dysphoria Diagnosis and Treatment**

7 11. Gender identity is a well-established medical concept, referring to one's  
8 belonging to a gender (or, in some cases, multiple genders or no gender at all).

9 12. Often, people who are designated female at birth based on external anatomy  
10 identify as girls or women, and people who are designated male at birth based on external  
11 anatomy identify as boys or men. For someone who is transgender, however, gender identity  
12 differs from the sex assigned to that person at birth. Transgender men are typically men who  
13 were assigned female at birth and have a masculine, or male, gender identity.

14 13. The medical diagnosis for the incongruence between one's gender identity and  
15 one's sex assigned at birth, and the resulting distress caused by the incongruence is gender  
16 dysphoria (previously known as "gender identity disorder"). Gender dysphoria is a serious  
17 medical condition codified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-  
18 V) and International Classification of Diseases (ICD-10). The criteria for diagnosing gender  
19 dysphoria are set forth in the DSM-V (302.85).

20 14. The widely accepted standards of care for treating gender dysphoria are published  
21 by the World Professional Association for Transgender Health ("WPATH"). The WPATH  
22 Standards of Care have been recognized as the authoritative standards of care by leading medical  
23 organizations, the United States Department of Health and Human Services, and federal and  
24 numerous state courts.

25 15. Under WPATH Standards of Care, treatment for gender dysphoria may require  
26 medical steps to affirm one's gender identity and help an individual transition from living as the  
27 gender of their sex assigned at birth to their gender identity. This treatment, often referred to as  
28 transition-related care, may include hormone therapy, surgery (sometimes called "sex

1 reassignment surgery” or “gender affirming surgery”), and other medical services that align  
2 individuals’ bodies with their gender identities. The exact medical treatment varies based on the  
3 individualized needs of the person.

4 16. Hysterectomy is surgery to remove a patient’s uterus and is performed to treat a  
5 number of health conditions, including uterine fibroids, endometriosis, pelvic support problems,  
6 abnormal uterine bleeding, chronic pelvic pain, and gynecological cancer.<sup>1</sup> A hysterectomy  
7 where the ovaries and fallopian tubes are also removed is called a hysterectomy with salpingo-  
8 oophorectomy.<sup>2</sup> A patient can no longer become pregnant after undergoing a hysterectomy.<sup>3</sup>  
9 Thus, hysterectomy is an inherently sterilizing procedure, regardless of the reason for which it is  
10 performed. According to the Centers for Disease Control and Prevention, hysterectomy is very  
11 common—one in three women have a hysterectomy.<sup>4</sup>

12 17. Transgender men often pursue a hysterectomy and/or oophorectomy as gender-  
13 affirming surgical treatment for gender dysphoria. The United States Discrimination Survey,  
14 which surveyed almost 28,000 transgender people in 2015, found that 14% of transgender men  
15 surveyed had undergone a hysterectomy, and 57% wanted to undergo a hysterectomy.<sup>5</sup>  
16 According to every major medical organization and the overwhelming consensus among medical  
17 experts, treatment for gender dysphoria, including surgical procedures such hysterectomy and  
18 oophorectomy, are effective and safe.

19 **Defendant Refuses to Provide Gender-Affirming Care for Transgender Patients Because**  
20 **Such Care is Prohibited by Policy of the Catholic Church**

21 18. All Catholic health care facilities, including Defendant, must adhere to policy  
22

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23 <sup>1</sup> *Hysterectomy*, American College of Obstetricians and Gynecologists (March 2015) (available  
24 at <https://www.acog.org/Patients/FAQs/Hysterectomy>).

25 <sup>2</sup> *Id.*

26 <sup>3</sup> *Id.*

27 <sup>4</sup> *Women’s Reproductive Health*, Centers for Disease Control and Prevention (2017) (available at  
28 <https://www.cdc.gov/reproductivehealth/womensrh/index.htm#Hysterectomy>).

<sup>5</sup> James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality (available at <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>).

1 proscriptions issued by the United States Conference of Catholic Bishops (the “Conference of  
2 Catholic Bishops”), some of which are spelled out in the Ethical and Religious Directives for  
3 Catholic Health Care Services (the “ERDs”). Indeed, Defendant is “guided by the traditions . .  
4 . of St. Joseph of Orange” and acts in accordance with “the Roman Catholic Church moral  
5 traditions and the Ethical and Religious Directives for Catholic Health Care Services.”<sup>6</sup>

6 19. The ERDs<sup>7</sup> are promulgated by the United States Conference of Catholic Bishops  
7 and “provide authoritative guidance.” They are “concerned primarily with institutionally based  
8 Catholic health care services . . . and address the sponsors, trustees, administrators, chaplains,  
9 physicians, health care personnel, and patients or residents of these institutions and services,”  
10 including Defendant.

11 20. Specifically, the ERDs state that “direct sterilization” is “intrinsically evil.”<sup>8</sup>  
12 According to the ERDs, sterilization is to be performed only when it “alleviat[es] [] a present  
13 and serious pathology.”<sup>9</sup> Yet, upon information and belief, cisgender women routinely undergo  
14 hysterectomies or other “sterilizations” for diagnoses other than gender dysphoria at Defendant  
15 and other Catholic hospitals. Such diagnoses include uterine fibroids, endometriosis, pelvic  
16 support problems, chronic pelvic pain, and gynecological cancer.

17 21. Meanwhile, the Catholic Church has also disseminated other recommendations to  
18 Catholic health care providers stating that transgender patients should be prohibited from  
19 receiving gender-affirming, medically necessary care. According to the National Catholic  
20 Bioethics Center, “[g]ender transitioning of any kind is intrinsically disordered” and Catholic  
21 health care providers should refuse to provide *any* gender-affirming care, including but not  
22 limited to: providing hormone therapy, maintaining hormone therapy prescribed by other  
23

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24 <sup>6</sup> Cal. Sec. of State, Articles of Incorporation - Providence St. Joseph Health Network, at 1–2  
25 (Nov. 28, 2017); Cal. Sec. of State, Articles of Incorporation - St. Joseph Health System, at 1  
26 (June 16, 2017).

27 <sup>7</sup> *Ethical and Religious Directives for Catholic Health Care Services*, United States Conference  
28 of Catholic Bishops (6th ed. 2018) (available at <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>)

<sup>8</sup> *Id.* at 30 (ERD No. 70 n. 48).

<sup>9</sup> *Id.* at 14 (ERD No. 28).

1 health care providers, allowing access to facilities, including the bathrooms associated with  
2 their gender identity, using a transgender patient’s preferred pronouns, or referring transgender  
3 patients to other medical providers for gender-affirming care.<sup>10</sup>

4 22. The Conference of Catholic Bishops has been very clear that the policy and  
5 practice of Catholic hospitals is to deny equal access to their services and facilities to  
6 transgender patients. In comments submitted to the U.S. Department of Health and Human  
7 Services in 2015, the Conference of Catholic Bishops explained as follows: “mandating  
8 coverage of gender transition services will violate the religious and moral convictions of many  
9 stakeholders, including religiously-affiliated health care providers.”<sup>11</sup> The comments also state:  
10 “[W]e believe . . . that medical and surgical interventions that attempt to alter one’s sex are, in  
11 fact, detrimental to patients. Such interventions are not properly viewed as health care because  
12 they do not cure or prevent disease or illness. Rather they reject a person’s nature at birth as  
13 male or female.”<sup>12</sup> And: “‘Sex change’ is biologically impossible. People who undergo sex  
14 reassignment surgery do not change from men to women or vice versa . . . . Claiming that this  
15 is a civil-rights matter and encouraging surgical intervention is in reality to collaborate with  
16 and promote a mental disorder.”<sup>13</sup>

17 23. Upon information and belief, Defendant abides by the policies and guidance of  
18 the Catholic Church as described herein. Upon information and belief, it is because Defendant  
19 as a matter of religious policy is prohibited from providing gender affirming care that it  
20 categorized Mr. Knight’s hysterectomy as a “sterilization” and refused to provide this  
21 medically necessary treatment.

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23 <sup>10</sup> *Transgender Issues in Catholic Health Care*, The National Catholic Bioethics Center (Feb.  
24 2017) (available at [https://www.ncbcenter.org/files/4515/2459/6063/2017-  
25 Transgender\\_Issues\\_in\\_Catholic\\_Health\\_Care.pdf](https://www.ncbcenter.org/files/4515/2459/6063/2017-Transgender_Issues_in_Catholic_Health_Care.pdf)).

26 <sup>11</sup> *Comment Letter on Department of Health and Human Services Proposed Rule on  
27 Nondiscrimination in Health Programs and Activities*, U.S. Conference of Catholic Bishops et al  
(Nov. 6, 2015) (available at [http://www.usccb.org/about/general-  
28 counsel/rulemaking/upload/Comments-Proposal-HHS-Reg-Nondiscrimination-Federally-  
Funded-Health.pdf](http://www.usccb.org/about/general-counsel/rulemaking/upload/Comments-Proposal-HHS-Reg-Nondiscrimination-Federally-Funded-Health.pdf).)

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

1 **Mr. Knight’s Gender Dysphoria and Treatment**

2 24. Mr. Knight first began to identify as male and take social steps, such as wearing  
3 masculine clothing, in 2013. He was subsequently diagnosed with gender dysphoria. Pursuant to  
4 this diagnosis and on the recommendation of his treating medical personnel, Mr. Knight began  
5 hormone replacement therapy in August 2015 and had a bilateral mastectomy—the removal of  
6 both breasts—in August 2016.

7 25. Mr. Knight’s next planned step for the treatment of his gender dysphoria was a  
8 hysterectomy with bilateral salpingo-oophorectomy. This procedure involved the removal of his  
9 uterus, fallopian tubes, and ovaries. In Mr. Knight’s case, hysterectomy was medically necessary  
10 care to treat his gender dysphoria. This was the professional opinion of Mr. Knight’s surgeon and  
11 mental health professionals who assessed Mr. Knight during his transition.

12 **Defendant’s Discrimination Against Mr. Knight on the Basis of his Gender Identity**

13 26. After consulting further with his primary care provider and his surgeon, Dr.  
14 Deepak Stokes, Mr. Knight scheduled his hysterectomy at St. Joseph Hospital – Eureka for  
15 August 30, 2017.

16 27. Upon information and belief, Dr. Stokes has been practicing as a board-certified  
17 obstetrician/gynecologist for over thirty years and regularly performs hysterectomies at St.  
18 Joseph Hospital.

19 28. On the day of the scheduled surgery, Mr. Knight was instructed and required by  
20 the Hospital to complete pre-op procedures that caused him to feel significant anxiety and  
21 extreme dysphoria. First, he was required to complete an at-home vaginal douche. Then, after  
22 Mr. Knight was admitted to St. Joseph Hospital, Hospital staff required Mr. Knight to wear a  
23 pink gown. When Mr. Knight asked to instead wear a blue gown, a Hospital nurse refused,  
24 telling him that a pink gown was required because he was receiving a “female” procedure.  
25 Hospital staff also repeatedly mis-gendered Mr. Knight despite his preferred pronouns, his  
26 traditionally masculine appearance, and *the fact that his medical records clearly identify Mr.*  
27 *Knight as male.*

28 29. After undergoing approximately three hours of anxiety-inducing pre-op



1 procedures, Mr. Knight was informed by Dr. Stokes—minutes before he was scheduled to begin  
2 his surgery—that his surgery had been cancelled by Defendant and would not ever be  
3 rescheduled at the Hospital because it was a Catholic Hospital. Mr. Knight, sobbing and  
4 shaking, asked Dr. Stokes if the reason his surgery was cancelled was because he is a transgender  
5 man, to which Dr. Stokes replied, “Yes.”

6 30. Mr. Knight’s medical records show that the decision to cancel Mr. Knight’s  
7 medically necessary care was initiated by an “Ethics Assessment” completed by David Groe.  
8 Upon information and belief, Mr. Groe is a reverend, with no medical training or medical  
9 licensure.

10 31. Upon information and belief, Defendant allows doctors to perform medically  
11 necessary hysterectomies for cisgender patients who have diagnoses other than gender dysphoria.

12 32. Defendant’s refusal to allow Dr. Stokes to perform Mr. Knight’s hysterectomy at  
13 the Hospital on August 30, 2017 caused Mr. Knight great anxiety and grief. After he learned that  
14 he would not be allowed to have the surgery, Mr. Knight suffered an anxiety attack. In response  
15 to his anxiety attack, Defendant gave Mr. Knight Ativan, an anti-anxiety medication.

16 33. Defendant discharged Mr. Knight approximately fifteen to thirty minutes after he  
17 was given Ativan. Mr. Knight informed the Hospital that he was not accompanied by any  
18 support person or companion, but the Hospital discharged him anyway. As a result, Mr. Knight  
19 was required to sit outside the Hospital alone, under the influence of medication administered by  
20 the Hospital, and experiencing a panic attack, until he was able to secure a ride home.

21 **Mr. Knight Eventually Received his Hysterectomy at a Hospital Not Affiliated with**  
22 **Defendant**

23 34. After Defendant cancelled Mr. Knight’s surgery at St. Joseph Hospital - Eureka,  
24 Mr. Knight was uncertain as to when, or if, he would be able to undergo his hysterectomy. At the  
25 same time, Mr. Knight was painfully aware that he had been denied full and equal access to the  
26 operating room and related facilities at St. Joseph Hospital - Eureka because he was seeking a  
27 hysterectomy to treat his gender dysphoria and because of his transgender status. Indeed, Mr.  
28 Knight suffered—and continues to suffer— severe emotional distress caused by Defendant’s

1 actions, and the dignitary harm of having been denied full and equal access to medical treatment  
2 by Defendant.

3 35. Luckily, Dr. Stokes also had surgical privileges at Mad River Community  
4 Hospital (“Mad River”) in Arcata, California, which is about a 30-minute drive from Mr.  
5 Knight’s home. Mad River is not affiliated with Defendant.

6 36. Mr. Knight was hesitant to have the surgery at Mad River because he was  
7 unfamiliar with the staff and facilities, and because moving the procedure to Mad River  
8 increased the time and travel burden on him and his family.

9 37. Seeing no other options, however, Mr. Knight scheduled his surgery at Mad River  
10 on September 3, 2017. The hysterectomy was successful, but Mr. Knight contracted an infection  
11 while at Mad River.

12  
13 **FIRST CAUSE OF ACTION**  
14 **VIOLATIONS OF THE UNRUH CIVIL RIGHTS ACT, CIVIL CODE § 51(B)**

15 38. Plaintiff incorporates by reference and realleges as if fully stated here the  
16 allegations set out in all prior paragraphs.

17 39. The Unruh Act prohibits discrimination on the basis of sex in all business  
18 establishments. Specifically, it guarantees that Californians are entitled to the “full and equal  
19 accommodations, advantages, facilities, privileges, or services in all business establishments of  
20 every kind whatsoever” regardless of their sex. Cal. Civ. Code § 51(b).

21 40. The Unruh Act defines “sex” to include a person’s gender. “Gender” means sex  
22 and includes a person’s gender identity and gender expression. Cal. Civ. Code § 51(e)(5).

23 41. Discrimination against an individual on the basis of his or her gender identity is  
24 discrimination on the basis of “sex” under the Unruh Act.

25 42. Defendant prevented Dr. Stokes from performing Mr. Knight’s hysterectomy at  
26 St. Joseph Hospital – Eureka to treat his diagnosis of gender dysphoria, a medical condition  
27 unique to individuals whose gender identity does not conform to the sex they were assigned at  
28 birth and thus usually experienced by transgender people.



1 reckless disregard of Mr. Knight's rights.

2 54. As a result of Defendant's conduct, Plaintiff has incurred and will continue to  
3 incur damages in an amount to be proven at trial.

4  
5 **THIRD CAUSE OF ACTION**  
6 **INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS**

7 55. Plaintiff incorporates by reference and realleges as if fully stated here the allegations  
8 set out in all prior paragraphs.

9 56. Defendant's conduct alleged herein is extreme and outrageous and is beyond the  
10 bounds of that tolerated in a decent society.

11 57. Defendant engaged in the conduct alleged herein with the intent to cause Mr.  
12 Knight extreme emotional distress, or at a minimum, with reckless disregard as to whether it  
13 would cause extreme emotional distress.

14 58. The actions alleged herein were done with malice, fraud, oppression, and in  
15 reckless disregard of Mr. Knight's rights.

16 59. As a result of Defendant's conduct, Mr. Knight has incurred and will continue to  
17 incur damages in an amount to be proven at trial.

18  
19 **PRAYER FOR RELIEF**

20 WHEREFORE, Plaintiff Knight prays for judgment against Defendant as follows:

- 21 1) For a declaratory judgment stating that Defendant's actions preventing Mr.  
22 Knight's physician from performing his medically necessary hysterectomy at St.  
23 Joseph Hospital violated the Unruh Act, Civil Code § 51(b);
- 24 2) An order enjoining Defendant, its agents, employees, successors, and all others  
25 acting in concert with it from (a) discriminating on the basis of gender identity or  
26 expression, transgender status, and/or diagnosis of gender dysphoria in the  
27 provision of health care services, treatment and facilities; and (b) preventing  
28 doctors from performing hysterectomies and related procedures in its hospitals on

- 1 the basis of a diagnosis of gender dysphoria;
- 2 3) For general and special damages;
- 3 4) For damages up to three times the amount of actual damages pursuant to Cal. Civ.
- 4 Code § 52;
- 5 5) For statutory damages;
- 6 6) For punitive damages;
- 7 7) For restitution available under state law;
- 8 8) For attorneys' fees and costs under Civil Code § 52.1(h); Civil Code § 52(a);
- 9 Code of Civil Procedure § 1021.5), and any other applicable statutes;
- 10 9) For equitable relief as the Court deems appropriate;
- 11 10) For interest on all sums at the maximum legal rate;
- 12 11) For such other relief as the Court deems just and proper.

13

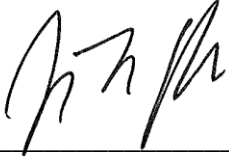
14 **DEMAND FOR JURY TRIAL**

15 Plaintiff Knight demands a trial by jury.

16

17 Dated: March 20, 2019

RUKIN HYLAND & RIGGIN LLP


18 

19 By: \_\_\_\_\_

20 Jessica Riffin  
21 Dylan Cowart  
22 Attorneys for Plaintiff Oliver Knight

23 Dated: March 20, 2019

ACLU FOUNDATION OF NORTHERN CALIFORNIA

24 

25 By: \_\_\_\_\_

26 Elizabeth Gill  
27 Attorneys for Plaintiff Oliver Knight

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**VERIFICATION**

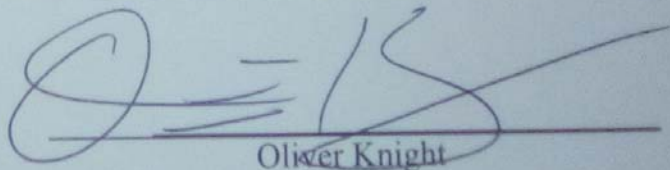
I, Oliver Knight, declare as follows:

1. I am the Plaintiff in the above-captioned matter.

2. I have reviewed paragraphs 6 and 24–37 of the Verified Complaint in the matter of *Knight v. St. Joseph Health Northern California, LLC* and know the contents thereof. The facts within these paragraphs are true to my knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters, I believe them to be true.

3. I verify under penalty of perjury under the laws of the United States and the State of California that the factual statements in this Complaint are true and correct.

Executed on 3/20, 2019, in EUREKA, California

  
Oliver Knight

Appendix 2.8.2

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF HUMBOLDT

Oliver Knight	}	Case No.: <u>DR190259</u>
Plaintiff,	}	
vs.	}	NOTICE OF INCLUSION IN DELAY REDUCTION PROGRAM
St. Joseph Health Northern California, LLC d/b/a St. Joseph Hospital - Eureka	}	
Defendant	}	NOTICE OF CASE MANAGEMENT CONFERENCE

TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:

Please take notice that the above-entitled action has been included in the Delay Reduction Program of the County of Humboldt. You are required to comply with the guidelines for Program cases as set forth in California Rules of Court, Title 3, Division 7, Chapters 1, 2, and 3, and Humboldt County Local Rules, 2.8 through 2.8.6.

You are further advised that a CASE MANAGEMENT CONFERENCE in the above action has been scheduled for 7-19 20 19, at 8:30 AM/PM in Department # 4 of the above entitled Court. Initial CASE MANAGEMENT STATEMENT on Judicial Council form CM-110 shall be filed with the Court and exchanged among the parties no later than 15 days before the Case Management Conference.

DATE: **MAR 21 2019** CLERK, By David V., Deputy  
**KIM M. BARTLESON**