STATE OF WISCONSIN CIRCUIT COURT DANE COUNTY

JAIDA BIRCH MCGUIRE
207 E Buffalo St, Unit 325
Milwaukee, WI 53207

and

TRANS LAW HELP WISCONSIN INC.
207 E Buffalo St, Unit 325
Milwaukee, WI 53207

Plaintiffs,

v.

Case Type:
Case Code: 30701
Declaratory and Injunctive Relief

TONY EVERS, in his official capacity as
Governor of the State of Wisconsin,
115 East, State Capitol Ste 1
Madison, WI 53702

and

KIRSTEN JOHNSON, in her official capacity as
Secretary of the Office of Health Informatics in the
Wisconsin Department of Health Services,
1 W. Wilson, Room 650
Madison, WI 53701

Defendants.

SUMMONS

THE STATE OF WISCONSIN,

To each person named above as a Defendant:

You are hereby notified that the Plaintiffs named above have filed a lawsuit or other legal action against you. The Complaint, which is attached, states the nature and basis of the legal action.

Within 45 days of receiving this Summons, you must respond with a written Answer to the Complaint in accordance with Wis. Stat. § 802. The Court may disregard or reject an answer that does not follow the requirements of the statutes. The Answer must be sent or delivered to the Court, whose address is Clerk of Circuit Court, Dane County Circuit Court, 215 S. Hamilton Street, Madison, WI 53703, to The American Civil Liberties Union of Wisconsin at 207 E Buffalo St, Unit 325, Milwaukee, WI 53207, to Willkie Farr & Gallagher LLP at 300 North LaSalle Dr., Chicago, IL 60654. You may have an attorney help or represent you.

If you do not provide a proper Answer within 45 days, the Court may grant Judgement against you for the award of money or other legal action requested in the Complaint, and you may lose your right to object to anything that is or may be incorrect in the Complaint. A Judgement may be enforced as provided by law. A Judgement awarding money may become a lien against any real estate you own or in the future, and may also be enforced by garnishment or seizure of property.

Dated July 31, 2026.

Respectfully submitted,

Electronically signed by Jade Hall

Jade Hall
State Bar No.1105384
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State Bar No.1140899
AMERICAN CIVIL LIBERTIES UNION
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Case Type:
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Defendants.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Plaintiffs, through undersigned counsel, file this Complaint against Tony Evers, in his official capacity as the Governor of Wisconsin ("Governor Evers"), and Kirsten Johnson, in her official capacity as the Secretary of the Wisconsin Department of Health Services ("Secretary Johnson"), (collectively "Defendants"), and allege as follows:

INTRODUCTION

1. Jaida Birch McGuire, a transgender woman, and Trans Law Help Wisconsin Inc. ("Trans Law Help"), a non-profit organization providing legal aid to transgender people, bring this

action to challenge a Wisconsin law that unconstitutionally burdens transgender and intersex people born in Wisconsin who wish to change the sex listed on their birth certificates (the "Sex Marker"), by obligating them to undergo invasive surgical procedures. This law violates the Equal Protection Clause of the Wisconsin Constitution, the rights of Due Process recognized by the Wisconsin Constitution, and the freedom of expression under the Wisconsin Constitution.

2. The law at issue, Wisconsin Statute § 69.15(4)(b) (the "Statute"), states that a person "may petition a court to change the . . . sex of the registrant on [a birth certificate] due to a surgical sex-change procedure." This Statute is administered by Secretary Johnson and the Wisconsin Department of Health Services ("DHS"), and enforced by Governor Evers and his administration.

3. Transgender people—people whose gender identity differs from their sex assigned at birth—and intersex people—people born with physical characteristics of both male and female sexes—are treated differently under the Statute than cisgender people—people whose gender identity reflects their sex assigned at birth.

4. A cisgender person may amend the Sex Marker on their birth certificate by providing "2 items of documentary evidence from early childhood that are sufficient to prove that the item to be changed is in error." [1] The Statute does not require cisgender people to provide any medical records to any administrative, judicial, or regulatory body to amend the Sex Marker on their birth certificates.

5. Effectively, transgender and intersex people seeking to correct the Sex Markers on their birth certificates are subject to the Statute's requirements of a "surgical sex-change procedure" while cisgender people seeking to correct their Sex Markers do not need to undergo a

[1] Wis. Stat. § 69.11(4)(b).

"surgical sex-change procedure" and need not provide proof of having undergone any such procedure. Thus, under the Statute, transgender and intersex people seeking to amend their Sex Marker on their birth certificate are compelled to undergo an invasive and costly surgical sex-change procedure while cisgender people do not need to undergo such procedure.

6. Puzzlingly, however, the Statute provides no definition of the term "surgical sex-change procedure." It is thus entirely ambiguous as to what specific treatment is necessary and sufficient to have a Sex Marker amended on a birth certificate. The Statute also fails to identify the evidence that must be submitted to a court to demonstrate that a person underwent sufficient surgical sex-change procedures to qualify for the amendment of the Sex Marker on their birth certificate. While courts require medical documentation, it remains unclear what should be in that documentation or if all counties require the same documentation. Courts within this State have rejected petitions where those courts concluded that claimed surgical procedure or documentation of the procedure were insufficient to warrant a change to the petitioner's Sex Marker.[2]

7. As detailed below, a "surgical sex change" is not a single, discrete procedure, but rather encompasses dozens of distinct, complex, and invasive operations—including vaginoplasty, phalloplasty, metoidioplasty, hysterectomy, oophorectomy, gonadectomy, mastectomy, facial

[2] *Compare In re: the Name Change of Melody Joy Seif*, No. 2023CV000187 (Wis. Cir. Ct. Feb. 6, 2023) (denying change to Sex Marker and finding that hormone therapy did not constitute a surgical sex change under the Statute) *and In re: the Name Change of Carter Bauer*, No. 2017CV00638 (Wis. Cir. Ct. Jul. 21, 2017) (dismissing petition concluding that letter from physician failed to meet the Statute's requirements, where the letter was provided by petitioner's craniofacial plastic surgeon) *with In re: Petition of Sunshine Xiong*, No. 2022CV008135 (Wis. Cir. Ct. Dec. 27, 2022) (granting petition to amend a birth record, finding that the petitioner's Sex Marker was incorrectly entered, based on a physician letter) *and In re: Petition for Sex Change of Daughtery-Leiter*, No. 2024CV3521 (granting petition where petitioner underwent hormone therapy).

feminization and masculinization surgeries involving the reshaping of bone and skeletal structures, laryngeal surgeries, and extensive body contouring procedures, among many others.

8. Each surgical procedure carries significant medical risks and complications, including, but not limited to, urethral fistulae, infection, rectovaginal fistulae, pelvic floor dysfunction, and even death. Recovery periods for any of these surgical procedures are prolonged and painful, often requiring months of restrictive activity, ongoing use of medical dilators, garments, surgical drains, and multiple or life-long follow-up medical appointments with various specialists.

9. The Statute thus conditions an administrative correction to a fundamental identity document on a person's willingness to endure a painful, risky, and medically complex surgical procedure—an unconscionable burden to obtain accurate identity documents.

10. Furthermore, the Statute does not provide any exception for people who are unable or unwilling to undergo such a "surgical sex-change procedure" due to medical, personal, religious, financial, or other reasons. Nor does the Statute account for the numerous means by which a transgender or intersex person may seek to change their physical characteristics or treat gender dysphoria other than by undergoing an invasive surgical procedure (or several procedures).

11. Accordingly, the Statute requires transgender and intersex people who wish to change their Sex Markers to undergo invasive and expensive surgical procedures without knowing whether those procedures meet the ambiguous requirements of the Statute to permit an amendment to the Sex Marker on their birth certificate. Meanwhile, cisgender people who wish to correct their Sex Marker need only comply with a far less burdensome ministerial and administrative process. As such, the Statute's vague nature inherently creates an unequal application of the law between transgender and intersex people on the one hand, and cisgender people on the other hand.

12. The Statute also invades the privacy of transgender and intersex people by requiring disclosure of sensitive medical records to correct their birth certificates, whereas cisgender people are not subject to any such burden. Additionally, transgender and intersex people may be forced to disclose their status as transgender and/or intersex when they are required to present a birth certificate in which the Sex Marker listed does not match their outward appearance, which further invades their privacy.

13. Additionally, the Statute compels transgender and intersex people to adopt the view that they must undergo a "surgical sex-change procedure" to be a specific sex.

14. The Statute discriminates on the basis of sex in violation of the Equal Protection Clause of the Wisconsin Constitution because it requires transgender and intersex people to undergo an undefined surgical sex-change procedure if the transgender person wishes to change the Sex Marker on their birth certificate, but merely requires a cisgender individual to provide two items of documentary evidence. The Statute further discriminates on the basis of sex, in violation of the Equal Protection Clause of the Wisconsin Constitution, because it reduces sex to a narrow set of physical characteristics, of which a change can only be achieved through a "surgical sex-change procedure," penalizing transgender and intersex people whose assigned sex at birth or current presentation does not conform to that restrictive classification.

15. The Statute violates Plaintiffs' Due Process rights, including the fundamental right to privacy, pursuant to the Wisconsin Constitution because the Statute requires that transgender and intersex people disclose their history of receiving sensitive and intimate surgical records without an adequate basis, and potentially disclose their status as transgender and/or intersex when presenting a birth certificate with a Sex Marker that does not match their outward appearance. It further violates Plaintiffs' Due Process rights pursuant to the Wisconsin Constitution because the

Statute does not give fair notice of what constitutes a "surgical sex-change procedure," making it impossible to discern what procedure is required to change a Sex Marker.

16. The Statute violates the Plaintiffs' freedom of expression under the Wisconsin Constitution because the Statute forces transgender people who do not wish to or cannot undergo a "surgical sex-change procedure" to carry and present identifying documents that contradict their innate sex, fundamentally restricting their full-throated declaration of their innate feeling of self. The Statute further violates the Plaintiffs' freedom of expression under the Wisconsin Constitution because the Statute forces transgender people to accept, endorse, and conform to the state's ideological message that a transgender individual must undergo a surgical procedure to conform their sex to their gender identity.

17. For all of these reasons, the Statute must be declared unconstitutional under the Wisconsin Constitution, and the requirement of the "surgical sex-change procedure" must be severed.

PARTIES

18. Jaida Birch McGuire is a transgender woman born in Oshkosh, Wisconsin. She currently resides in Vermont. Her birth certificate currently states that she is male. Jaida wishes to change her birth certificate to state that she is female, but she cannot do so due to the Statute's "surgical sex-change procedure" requirement.

19. Trans Law Help is a 501(c)(3) nonprofit organization located and registered as a non-stock corporation in Madison, Wisconsin. Trans Law Help provides legal advice and services to transgender people who are seeking to change their names and/or sex markers on Wisconsin state-issued documents. The Statute's vagueness complicates Trans Law Help's work and undermines its ability to serve its clients consistently and reliably.

20. Defendant Tony Evers is the Governor of the State of Wisconsin and is being sued in his official capacity for enforcing and overseeing the implementation of the Statute. Defendant Evers maintains his office at 115 East State Capitol, in the City of Madison, Wisconsin, 53702.

21. Defendant Kirsten Johnson is the Secretary of DHS and is being sued in her official capacity for the administration and enforcement of the Statute by the Office of Vital Records of DHS. Defendant Johnson maintains her office at 201 E. Washington Ave, in the City of Madison, Wisconsin, 53703.

JURISDICTION AND VENUE

22. This Court has jurisdiction pursuant to Wis. Stat. §§ 801.05(1)(d), (2), (3) and §§ 806.04(1), (2), (5). Plaintiffs seek declaratory relief regarding the constitutionality of the Statute under Wisconsin law.

23. Venue is proper in Dane County under Wis. Stat. § 801.50(3)(a) because Governor Evers and Secretary Johnson maintain their principal offices in Dane County.

FACTUAL ALLEGATIONS

I. Gender Identity and Gender-Affirming Healthcare.

24. "Sex" is "a multidimensional biological construct based on anatomical and physiological traits," encompassing, but not limited to, external genitalia, chromosomes, and hormones.[3]

[3] National Academies of Sciences, Engineering, and Medicine et al., *Measuring Sex, Gender Identity, and Sexual Orientation*, 1 (Nat'l Acad. Press, 2022) [hereinafter Nat'l Acad., Measuring Sex]; *see also* Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruence Persons: An Endocrine Society Clinical Practice Guide*, 102 J. Clinical Endocrinology & Metabolism 3869, 3875 [hereinafter Endocrine Soc'y, Endocrine Treatment].

25. "Sex assigned at birth" is a more limited concept—it is the identification of a person based on the appearance of the person's genitalia at birth.[4] Some people are born with what are considered male genitalia, i.e., a penis, scrotum, and testicles, whereas other people are born with what are considered female genitalia, i.e., a vulva and vagina. Finally, some people are born with atypical, congenital variations in their genitalia and physical characteristics that do not fit binary definitions of female or male and are known as intersex.[5] Intersexuality is recognized for most, but not all, individuals during genital examinations at birth.[6]

26. Gender, by contrast, refers to a person's fundamental identity, expression, and sense of belonging.[7] It is a multifaceted concept that includes gender identity (a person's intrinsic sense of gender), gender expression (a person's outward expression of gender to society), as well as societal and cultural expectations, characteristics, and behaviors associated with gender.[8]

27. People whose gender identity aligns with their sex assigned at birth are referred to as cisgender, whereas people whose gender identity differs from their sex assigned at birth are referred to as transgender.[9] Intersex people are far more likely than the general population to be transgender.[10]

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[4] *Standards of Care for the Health of Transgender and Gender Diverse People*, *Version 8*, 23 Int'l J. of Transgender Health S1, S252 (2017) [hereinafter WPATH, *Standards of Care*] (defining sex assigned at birth as a person's status as male, female, or intersex on the basis of physical characteristics including the appearance of external genitalia).

[5]Intersex people also develop intersex conditions in which the development of chromosomal, gonadal, or anatomical characteristics is atypical. WPATH, *Standards of Care* at S93.

[6] WPATH, *Standards of Care* at S94.

[7] Nat'l Acad., *Measuring Sex* at 1; WPATH, *Standards of Care* at S252.

[8] *Id.*

[9] Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruence Persons: An Endocrine Society Clinical Practice Guide*, 102 J. Clinical Endocrinology & Metabolism 3869, 3875 [hereinafter Endocrine Soc'y, *Endocrine Treatment*].

[10] WPATH, *Standards of Care* at S102.

28. Many transgender and intersex people are diagnosed with gender dysphoria at some point in their lives. Gender dysphoria is a diagnosis that refers to the psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity.[11] Gender dysphoria is "associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning," and if left untreated, can result in significant distress, anxiety, depression, self-harm, and suicidal ideation.[12]

29. Gender dysphoria is a well-recognized medical condition for which effective, evidence-based treatments exist. As with other serious health conditions, healthcare providers adhere to established clinical standards of care in diagnosing and treating patients with gender dysphoria. For more than four decades, the World Professional Association for Transgender Health ("WPATH") has promulgated the prevailing standards of care for treatment of people with gender dysphoria. These standards of care are periodically updated and revised as new scientific information becomes available.

30. WPATH is an international, interdisciplinary, professional, and educational organization. Its membership comprises over three thousand physicians, mental health professionals, social scientists, and other specialists, all of whom are engaged in clinical practice, research and education. WPATH's stated mission is to advance evidence-based care, education, and research in respect to transgender health, including the treatment of gender dysphoria. In 2022, WPATH published the eighth and most recent edition of the "Standards of Care," which represents the leading consensus for the treatment of gender dysphoria.

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[11] *See* American Psychiatric Association*, Diagnostic and Statistical Manual of Mental Disorders*, 452 (5th ed., text rev. 2013).
[12] *Id.* at 453.

31. Building upon the WPATH Standards of Care and incorporating the most current peer-reviewed research and clinical experience, the Endocrine Society, a global community of over eighteen thousand scientists in over a hundred countries focused on hormone research and the care of patients with hormone related conditions, published its own clinical practice guidelines titled *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline* in September 2017. The guideline was co-sponsored by the American Association of Clinical Endocrinologists, the American Society of Andrology, the Pediatric Endocrine Society, and WPATH. These guidelines reaffirm and complement the WPATH Standards of Care, establish a framework for appropriate treatment of people with gender dysphoria, confirm the role of endocrinologists, and provide practitioners with detailed, evidence-based guidance on gender affirming care.

32. The standards established by WPATH and the Endocrine Society have been endorsed and adopted by numerous leading professional medical organizations, including the American Medical Association, American Psychiatric Association, and American Psychological Association, as well as medical associations with particular expertise in the health of children and adolescents, such as the American Academy of Pediatrics, American Association of Child and Adolescent Psychiatrists, and the Pediatric Endocrine Society. Federal courts throughout the country have likewise recognized the prevailing standards promulgated by WPATH and the Endocrine Society.

33. The guidelines established by WPATH and the Endocrine Society emphasize that the precise care recommended for gender dysphoria depends on the professional judgment of a medical provider and should be based on individualized needs and prior medical treatments.[13]

[13] Endocrine Soc'y, *Endocrine Treatment* at 3876. *See also* WPATH, *Standards of Care* at S5.

Treatments for gender dysphoria do not follow one standard regimen, but include medical, therapeutic, and lifestyle interventions. This treatment can be psychological, psychiatric, hormonal, or some combination of the foregoing,[14] and/or focused on lifestyle changes through conforming a person's outward expression to their gender identity.[15]

34. Psychological and psychiatric care is especially important for those who are intersex, as intersex people experience psychological problems and psychosocial distress at higher rates than the general public. This is likely due to repeated genital examinations, fear of medical interventions, and parental and physician secrecy surrounding the intersex person's identity.[16]

35. Medical intervention (whether through the use of a scalpel or by other means) is not medically necessary or appropriate for all transgender or intersex people. In some cases, surgical procedures may be medically contraindicated—meaning that it would not be the best course of medical care for the patient.[17] For instance, transgender people who have been treated with puberty-suppressing medication during adolescence, thereby preventing the development of endogenous secondary sex characteristics, may not need subsequent gender affirming surgical procedures.[18] Similarly, intersex people frequently undergo genital reconstruction surgery during infancy or early childhood, and may not require further surgical intervention to treat their gender dysphoria. Furthermore, prevailing standards of care recognize gender-affirming surgical

[14] WPATH, *Standards of Care*, at S5; Endocrine Soc'y, *Endocrine Treatment*, at 3876–77.
[15] WPATH, *Standards of Care*, at S76, S107; Endocrine Soc'y, *Endocrine Treatment*, at 3876.
[16] WPATH, *Standards of Care* at S99.
[17] WPATH, *Standards of Care*, at S124–25.
[18] Endocrine Soc'y, *Endocrine Treatment* at 3869; 3880 (recommending suppression of pubertal development for adolescents meeting diagnostic criteria and nothing that "[p]ubertal suppression is fully reversible." WPATH, *Standards of Care*, at S114 (stating puberty suppression treatment is fully reversible and is "regarded as an extended time to explore their gender identity.")

treatment for minors under extremely limited circumstances.[19] And in recent months, many major Wisconsin hospitals have ceased providing gender affirming surgical procedures to minor patients, further narrowing the availability of surgical procedures to minors.[20]

36. Furthermore, many transgender or intersex people who may be open to surgical intervention cannot afford surgery, or the loss of income many patients face following surgery and during recovery. Gender affirming surgical care can be very costly, and many insurance providers do not cover it.[21] Moreover, the decision to undergo any type of medical intervention, especially a surgical procedure, is deeply personal and involves extensive medical evaluations and consultations, intimate personal conversations, and difficult decisions made between a person and their healthcare providers and, in many cases, their families.[22] As described further below, recovery from surgical care, especially invasive procedures, can also be physically and emotionally challenging and painful.

37. For people who choose to pursue surgical treatment to change their physical and anatomical characteristics, whether to treat gender dysphoria or not, over sixty discrete gender-

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[19] Endocrine Soc'y, *Endocrine Treatment* at 3871 (suggesting "clinicians delay gender affirming genital surgery…until the patient is at least 18 years old or legal age of majority." WPATH, *Standards of Care*, at app. D (setting out stringent prerequisites such as: (1) sustained gender incongruence over time; (2) emotional and cognitive maturing require to provide informed consent; (3) 12 months of gender affirming hormone therapy, unless such therapy is not desired or medically contraindicated; and (4) a multi-disciplinary team of medical and mental health profession has been involved in the decision making process.

[20] Naomi Kowles & Kathryn Merck, *SSM Health Discontinues Gender-Affirming Saugerties in the Madison Area Amid pressure from the Catholic Church*, NEWS 3 (July 21, 2023), https://www.channel3000.com/news/investigates/ssm-health-discontinues-gender-affirming-surgeries-in-the-madison-area-amid-pressure-from-the-catholic/article_84fcff98-27f1-11ee-ae74-c7c9c9401e3a.html; Joe Schulz, *Children's Wisconsin, UW Health Stop Providing Gender-Affirming Treatment for Minors* (Jan. 12, 2026), https://www.wpr.org/news/childrens-wisconsin-uw-health-stop-providing-gender-affirming-treatments-minors;

[21] WPATH, *Standards of Care*, at S22.

[22] *Id.* at S133.

affirming surgical procedures and sub-variations exist.[23] The total number of discrete surgical interventions available under the umbrella of gender-affirming care continues to grow. Appendix A to this Complaint identifies these various procedures and is incorporated by reference herein. These procedures include, by way of example only, the following:[24]

Procedure	**Description**
Gonadectomy/ Orchiectomy	Irreversible removal of the testicles, eliminating the primary source of endogenous testosterone production.
Penectomy	Irreversible removal of the penis.
Vaginoplasty (Penile Inversion)	Construction of a neovagina by removing the internal structures of the penis, preserving the outer skin, and inverting it to form the vaginal walls.
Breast Augmentation (Implants)	Insertion of breast implants using silicone or saline implants.
Mastectomy Without Nipple-Areola Preservation	Removal of breast tissue without preservation of the nipple-areola complex.
Waistline Feminization (Rib Contouring)	Removal, shaving down, and contouring the bones of the lower ribs to narrow the waistline.
Jaw Augmentation	Augmentation of the jaw using implants or osteoplastic techniques.
Lip Augmentation	Augmentation of lips using autologous or non-autologous materials to create fuller lip.
Glottoplasty	Shortening of the vocal cords using sutures to raise voice pitch.
Laryngoplasty	Removal of thyroid cartilage to raise pitch and voice resonance

[23] WPATH, *Standards of Care*, at app. E. For a complete compilation of the surgeries identified by WPATH, *see* Appendix E at page 260. file:///H:/Downloads/Standards%20of%20Care%20for%20the%20Health%20of%20Transgender%20and%20Gender%20Diverse%20People%20%20Version%208.pdf.

[24] The use of certain medications could also qualify as a surgical sex-change procedure under the Statute.

Laser Hair Removal	Use of laser energy to target and destroy hair follicles on the face, body, and/or genital areas.
Estrogen Hormone Therapy	Estrogen-based regimens may include oral, skin patches or gel, or injectables to maintain estradiol levels resulting in breast development, redistribution of body fat, decreased muscle mass, skim softening, decreased spontaneous erections, decreased testicular volume, and reduced facial and body hair.
Testosterone Hormone Therapy	Testosterone-based regimens may include skin patches or gel, subcutaneous implants, and injectables to maintain serum testosterone resulting in cessation of menses, increased facial and body hair, increased skin oiliness, increased muscle mass, redistribution of fat mass, voice deepening, clitoral enlargement, and male-pattern hair loss in some patients.

38. For instance, a transgender woman—a person who was assigned male at birth but identifies and lives as a woman—may undergo a series of procedures on their genitalia, commonly referred to as "bottom surgery," including a gonadectomy and/or orchiectomy to remove the testicles, a penectomy to remove the penis, and a vaginoplasty to construct a vagina (a "neovagina").[25] These surgeries are irreversible and represent the most invasive category of gender-affirming procedures for transgender women.

39. A vaginoplasty alone is performed using several complex and invasive procedures, including but not limited to, penile inversion, a peritoneal flap procedure, and/or an intestinal segment procedure. First, surgeons conduct a penile inversion by removing the internal structures of the penis and preserving the outer skin, which is then inverted to form the walls of the neovagina.[26] Second, a surgeon may perform a peritoneal flap surgical procedure to transfer tissue from the peritoneum, a thin membrane inside the abdominal cavity, to create or supplement the neovagina.[27] Finally, a surgeon may also harvest a section of a person's intestine to further

[25] Endocrine Soc'y, *Endocrine Treatment* at 3893.
[26] *Id.*
[27] WPATH, *Standards of Care*, at app. E; WPATH, *Standards of Care*, at S64.

construct a neovagina. This technique is popular because it can provide self-lubrication, but it carries additional risks.[28]

40. Recovery from vaginoplasty is extensive. According to a medical institution that performs vaginoplasties, recovery takes up to three months. Most patients are bedridden for seven to ten days after the procedure and must continuously insert a medical dilator into their neovagina to maintain depth and width. Failure to do so risks vaginal stenosis—the narrowing or closure of the neovaginal canal.[29] Insertion of a dilator into the neovagina is warned to be "painful and messy."[30] Complications of vaginoplasty may include stenosis, delayed wound healing, inflammation, prolapse, and rectovaginal fistulae—an abnormal connection between the rectum and the neovagina that can result in the passage of gas and stool through the neovagina.[31] Additionally, pelvic floor dysfunction affects thirty to forty percent of people following a vaginoplasty, necessitating ongoing physical therapy.[32]

41. In addition to the surgical procedures aimed at the creation of a neovagina, a person may also choose to pursue additional procedures targeting other external genitalia, including vulvoplasty—the creation of the labia by refashioning the scrotum—and clitoroplasty—the creation of the clitoris by bundling the neurovascular tip of the penis.[33] These procedures require additional recovery and could result in their own complications.

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[28] Endocrine Soc'y, *Endocrine Treatment* at 3893.
[29] Endocrine Soc'y, *Endocrine Treatment* at 3893; *Trans-Feminine (Male to Female) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/male-to-female (last visited July 31, 2026).
[30] Mount Sinai, *supra* note 28.
[31] WPATH, *Standards of Care*, at S134; Endocrine Soc'y, *Endocrine Treatment* at 3893.
[32] *Id.*
[33] Endocrine Soc'y, *Endocrine Treatment* at 3893; WPATH, *Standards of Care*, at S125..

42. A transgender woman may also undergo a breast augmentation procedure, commonly referred to as "top surgery." This may involve the insertion of implants or tissue expanders, or lipofilling—a procedure removing fat from other areas of a person's body and reinjecting it into their breasts.[34] A person may choose to pursue other surgical procedures to reshape the body, including liposuction to remove fat and contour their body, lipofilling for other body parts, and the insertion of implants, including pectoral, hip, gluteal, and calf implants.[35]

43. Furthermore, a transgender woman may also pursue facial feminization surgeries. These surgeries encompass a wide range of complex procedures, including but not limited to brow reduction, augmentation, and lift; hairline advancement and hair transplant; rhinoplasty—the reshaping or resizing of the nose; cheek augmentation; lip augmentation; jaw augmentation; chin reshaping through the reconstruction of bone tissue; facelift and mid face lift following alteration of underlying skeletal structures; and blepharoplasty—a procedure to adjust the upper or lower eye lids.[36] A person may also choose to undergo a chondrolaryngoplasty, commonly known as a tracheal shave, which reduces the prominence of their Adam's apple.[37] These procedures often require altering underlying bone and skeletal structures (perhaps driven by a desire to fit societal norms of a woman, or to fit with one's own personal conception of their desired presentation). Nevertheless, these procedures are inherently risky.

44. Separately, a transgender woman may also pursue a variety of laryngeal surgeries to raise voice pitch, including glottoplasty to shorten the vocal cords using sutures, cricothyroid approximation to tighten the vocal folds through a neck incision, and feminization laryngoplasty

[34] WPATH, *Standards of Care*, at app. E.
[35] *Id.*.
[36] *Id.*
[37] *Id.*

to remove the thyroid cartilage. These procedures often require extensive pre- and post-operative care in coordination with a speech pathologist.[38] Potential harms of pitch-raising surgery include dysphonia, weak voice, restricted speaking voice range, hoarseness, and vocal instability.[39] According to a medical institution that performs voice feminization surgeries, patients are prohibited from speaking for one week following the procedures and must gradually increase the amount of talking over the course of a month.[40]

45. Finally, a transgender woman may choose to undergo other surgical procedures to remove hair from their face, body, and/or genital areas. For instance, electrolysis hair removal, involves the use of an electric current with a very fine probe that is manually inserted sequentially into individual hair follicles to destroy blood supply to the hairs.[41] This is a time-consuming and costly process as each follicle must be treated individually. Side effects may include red and inflamed skin, crusting, swelling, and post-inflammatory hyperpigmentation causing permanent dark spots on the skin.[42] Another procedure, laser hair removal, involves the use of laser energy to target hair follicles. Side effects may include inflammation, redness, hyperpigmentation, swelling, and the feeling of being sunburnt.[43]

46. On the other hand, a transgender man—a person who was assigned female at birth but identifies and lives as a man—may undergo operations on their genitalia, including oophorectomy to remove the ovaries, hysterectomy to remove the uterus, or vaginectomy to

[38] WPATH, *Standards of Care*, at S138.
[39] WPATH, *Standards of Care*, at S139.
[40] MOUNT SINAI, *supra* note 22.
[41] WPATH, *Standards of Care*, at S154-55.
[42] *Id*.
[43] WPATH, *Standards of Care*, at S155.

remove the vagina. A vaginectomy is commonly done by closing a person's pelvic opening and constructing a penis (a "neopenis").[44] All of these surgeries are irreversible.

47. The construction of the neopenis alone is performed using several complex and invasive surgical operations, which could include metoidioplasty—the creation of the phallus by surgically enlarging the clitoris, phalloplasty—the creation of the neopenis from skin and tissue harvested elsewhere on the body, including through radial forearm flap procedures, scrotoplasty—the creation of scrotum from the labia, urethral lengthening, and the insertion of penile and testicular prosthetic implants.[45] Surgeons can stiffen the neopenis through penile prosthesis surgeries by embedding a mechanical device such as a rod or inflatable apparatus.[46] According to a medical institution that performs metoidioplasty, recovery takes six to eight weeks, and patients leave the hospital with a tube in their abdomen to aid in draining urine.[47]

48. Postoperative complications following these procedures are severe and widespread, and transgender men often need lifelong medical care as a result.[48] Reported urethral complications include scarring that narrows the urethra, and urethral fistulae.[49] Additional complications include diverticula—bulging pouches that form in the lining of the digestive system—and the development of cysts due to vaginal remnant tissue.[50] Penile prosthesis-related complications are estimated to involve infection, malfunction, urethral erosion where an inserted device breaks through the urethral tissue and enters the urinary passage, skin extrusion where an inserted device breaks

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[44] Endocrine Soc'y, *Endocrine Treatment* at 3894; WPATH, *Standards of Care*, at S125-27.
[45] *Id.*
[46] *Id*.
[47] *Trans-Masculine (Female to Male) Surgeries*, Mount Sinai, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/female-to-male (last visited July 31, 2026).
[48] *Id.*
[49] WPATH, *Standards of Care*, at S135.
[50] *Id.*

through the skin, and dislocation of bone fixation where an inserted device surgically anchored to the pelvic bone becomes dislodged.[51] In the worst-case scenario, complications could result in death.[52]

49. Transgender men may also choose to undergo a mastectomy, commonly referred to as "top surgery." This may involve various chest masculinization surgeries, including a double mastectomy to remove both breasts, which may also involve removal of the nipples or artificial reconstruction of the nipples.[53] Following these procedures, a person is required to wear a chest compression vest and surgical drains for weeks. It can also take from six months to a year for a person to regain full use of their arms.[54]

50. Other body contouring procedures for transgender men include liposuction, lipofilling, and the insertion of implants, such as pectoral, hip, gluteal, or calf implants.[55] An additional recognized practice includes tattoo for nipple-areola reconstruction.[56]

51. Transgender men may pursue similar facial procedures as transgender women to masculinize their faces, including brow augmentation, rhinoplasty to reconstruct the nose, jaw augmentation, chin reshaping, Adam's apple implants, and other related skeletal and soft-tissue procedures.[57]

52. Overall, these surgical procedures are often complex, arduous, and fraught with medical risks. As explained further below, the Statute's undefined requirement of a "surgical sex-

[51] WPATH, *Standards of Care*, at S135-36.
[52] WPATH, *Standards of Care*, at S136.
[53] WPATH, *Standards of Care*, at S127; Endocrine Soc'y, *Endocrine Treatment* at 3894.
[54] Mount Sinai, *supra* note 29.
[55] WPATH, *Standards of Care*, at app. E.
[56] *Id*.
[57] *Id*.; WPATH, *Standards of Care*, at S130.

change procedure" fails to specify which of these many procedures is necessary or sufficient for the purposes of modifying the Sex Marker on a person's birth certificate.

II. The Statute.

A. The Surgical Sex-Change Requirement.

53. The Statute is administered by DHS, led by Secretary Johnson, and enforced under the authority of Governor Evers.

54. Under the Statute, a transgender person's ability to change the Sex Marker on their birth certificate is restricted. The Statute reads, in pertinent part: "Any person with a direct and tangible interest in a birth record registered in this state may petition a court to change the name and sex of the registrant on the record *due to a surgical sex-change procedure*."[58]

55. As a result, a transgender person may correct their Sex Marker only upon completion and proof of a "surgical sex-change procedure." However, the Statute does not define "surgical sex-change procedure," leaving it ambiguous.

56. Pursuant to the Statute, a person must file a Petition for Gender Change on Wisconsin Birth Certificate (Form CV-474) ("the Petition"), requesting that a court order the amendment of the Sex Marker on the person's original birth certificate, or order that a new birth certificate be printed. To complete the petition, the petitioner must acknowledge that the court can only grant a request if they have undergone a "surgical sex-change procedure."[59] But the Petition too does not define what a "surgical sex-change procedure" means. The Petition does not include information as to how the procedure is to be proven, though it notes that the form "may be

[58] Wis. Stat. § 69.15(4)(b) (emphasis added).
[59] *See Form CV-452, Petition for Gender Change on Wisconsin Birth Certificate*, Wisconsin Court System, https://www.wicourts.gov/formdisplay/CV-452.pdf?formNumber=CV452&formType=Form&formatId=2&language=en.

supplemented with additional materials."[60] Should a court require supplementation of the form with any records regarding medical history, the disclosure of such records to any person would be personal, sensitive, and highly invasive to the privacy of the person.

57. Furthermore, the requirement that a person obtain and present a court order imposes substantial fees, demands a significant expenditure of time, and causes needless delay.

58. Moreover, the petition and the court order are not among the documents or case classifications treated as confidential by default.[61] A transgender petitioner who wishes to shield these filings from public view must therefore file a separate motion to seal and specify legal authority to support their request that the information should be restricted from public access. The judge presiding over the petition has wide discretion, and because Wisconsin case law has a strong presumption that judicial proceedings and records should be open to the public, it is likely that the court will not seal these materials.[62]

59. Upon a court granting the Petition, a transgender person must submit a separate application to the appropriate authorities at DHS and provide a court order to request an amended birth certificate reflecting the changed Sex Marker or a new birth certificate. If the court orders the state registrar to prepare a new birth certificate, the state registrar is required to impound the original records and all related materials. However, if a new birth certificate is not ordered, any copy of the amended birth certificate shall show all amendments or changes made directly on the

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[60] *Id.*

[61] Wis. Stat. § 801.20.

[62] *Doe v. Madison Metro. School. Dist*., 2022 WI 65, 976 N.W.2d 584 (Wis. 2022). This is a stark comparison to the name change process under Wis. Stat § 786.37(4), which provides a statutory mechanism for a petitioner to request confidentiality upon filing. No analogous provision exists for petitioners seeking to amend a sex marker. However, even the name change confidentiality provision offers limited protection. *In the Matter of the Name Change of R.I.B*, Case No. 2022AP323-FT (Wis. Ct. App. Jan. 18, 2023) (holding that petitioners must sufficiently demonstrate physical risk that is more likely than not to occur).

certificate and the date of such amendment, thereby still demonstrating that a person is transgender every time they present their birth certificate.

60. The filing of the petition creates an easily accessible public record, and the petitioner must appear at a public hearing where they are compelled to persuade a court to correct or amend their birth certificate—thereby depriving them of the very privacy rights they seek to secure. Although a petitioner may attempt to protect their privacy by filing a motion to seal, such a motion is yet another document that must be prepared and filed, imposing additional costs, need of specialized knowledge, and further uncertainty. Moreover, due to the vagueness of the Statute and the procedural complexities surrounding this process, petitioners likely require the assistance of an attorney, an additional and significant expense that many cannot afford. Even if a court order is ultimately granted, the petitioner must still submit a separate application to DHS for either an amended or new birth certificate, further compounding the procedural burden and imposing yet another additional expense and delay.

61. In contrast, a cisgender person seeking to correct their Sex Marker is not burdened with these same extreme requirements and is not mandated to seek judicial relief. Under Wisconsin Statute § 69.11(4)(b), a person need only submit an affidavit and two items of documentary evidence from early childhood sufficient to prove that the initial sex listed on their birth certificate is erroneous. The state registrar can then choose to amend the cisgender person's Sex Marker without the necessity of a court proceeding, without public judicial filings, and without disclosure of sensitive information in a court record.[63]

[63] *In re: Petition of Sunshine Xiong*, No. 2022CV008135 (Wis. Cir. Ct. Dec. 27, 2022) (granting petition to amend a birth record, finding that the cisgender petitioner's Sex Marker was incorrectly entered, based on a physician letter).

B. The Legislative History of the Statute.

62. The Statute was enacted by the Wisconsin Legislature during the 1985–1986 legislative session as part of Act 315.

63. While Act 315 is largely clerical in its scope, it was passed during a period where the Wisconsin Legislature was actively advancing the rights of those within the LGBTQ+ community. Under laws passed by the Legislature during this time, Wisconsin became the first state to prohibit discrimination based on sexual orientation in 1982, and decriminalized same-sex intercourse the previous legislative session.

64. The fact that the Wisconsin Legislature adopted legislation in 1985 allowing people to change their sex markers on their birth certificates following surgical sex-change procedures indicates a progressive stance on transgender people for the time. However, the Statute has failed to keep pace with significant advances in both the rights recognized for LGBTQ+ people, and the medical understanding and recognition of the multitudinous options in gender-affirming care which transgender people might receive.

65. While other portions of Act 315 have been amended multiple times in the intervening years, the only change to the text of the Statute itself was the addition of language in 2003 clarifying that the Statute does not permit changes otherwise prohibited under § 301.47, which prohibits name changes for convicted sex offenders.

66. The outdated requirement for surgical intervention reflects a fundamental misunderstanding of both what it means to be transgender or intersex, and what healthcare options may be available and recommended for any given person, including options beyond surgery. As a result, the Statute now causes harm to transgender and intersex people, and such harm was likely not intended by the Wisconsin Legislature at the time of the Statute's passage.

C. The Statute's Requirements Contradict Accepted Medical Standards.

67. The requirement of a surgical procedure to change one's birth certificate has long been out of step with accepted medical standards of treatment. In 2014—more than a decade prior to this litigation—the American Medical Association adopted a policy supporting the elimination of any government-imposed surgery requirement to change a sex marker on a birth certificate.

68. Commenting on that policy, Dr. Ardis Dee Hoven, then-president of the AMA, noted that for many transgender people, such surgical procedures were "needless," and that "[s]tate laws must acknowledge that the correct course of treatment for any given person is a decision that rests with the patient and the treating physicians."[64]

69. While the majority of states have adopted approaches consistent with the current medical consensus, Wisconsin remains tethered to its antiquated stance, placing it among a minority of states that impose a surgical requirement for altering birth certificate sex markers.

70. Only seven other states require both a court order and proof of surgery before a person can amend their sex marker: North Dakota, Wyoming, Missouri, Arkansas, Louisiana, Alabama, and Georgia.

71. In contrast, eleven states, in addition to Washington, D.C. and Puerto Rico, allow a transgender person to provide medical professional attestation either to an administrative agency or to the court, rather than requiring a person to undergo surgery. These states include Minnesota, Alaska, North Carolina, Virginia, West Virginia, Colorado (for those under 18), Pennsylvania, Maryland, Connecticut, Delaware, and Hawaii.

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[64] Press Release, AMA, AMA Calls for Modernizing Birth Certificate Policies (June 10, 2014), https://news.cision.com/american-medical-association/r/ama-calls-for-modernizing-birth-certificatepolicies,c9598921.

72. By way of example, Minnesota requires transgender people to present a medical certification from a licensed physician attesting that the person has received appropriate clinical treatment for gender transition.[65] Similarly, North Carolina accepts a certification from a physician, psychiatrist, psychologist, licensed therapist, case worker, or social worker attesting that a person's Sex Marker should be changed based on the signer's professional opinion.[66]

73. As another example, Delaware allows a letter on a provider's letterhead or a signed and notarized affidavit from a physician, psychologist, social worker, physician's assistant, nurse practitioner, midwife, mental health counselor, or social worker attesting that the person has "undergone surgical, hormonal, psychological or other treatment appropriate for the individual for the purpose of gender transition, based on contemporary medical standards."[67]

74. Fourteen states have adopted a more expansive approach, allowing transgender people to provide personal attestations to an administrative agency and bypassing the need for medical professional attestations and court involvement altogether. These states include Illinois, Michigan, Colorado (for those older than 18), Nevada, Washington, Oregon, California, New Mexico, New Jersey, New York, Rhode Island, Massachusetts, Vermont, and Maine.

75. By way of example, Illinois requires that the State Registrar of Vital Records establish a new birth certificate for a person upon receipt of an attestation form signed by that person.[68]

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[65] *See Supporting Documents for Amendments*, Minnesota Dep't of Health, https://www.health.state.mn.us/people/vitalrecords/reqdocs.html.

[66] *See Form DHHS 1578, Birth Certificate Modification Application*, N.C. Dep't of Health and Hum. Servs.: N.C. Off. of Vital Stat. https:// https://vitalrecords.nc.gov/documents/NCOVR-BirthModificationsApplicationFinal-07072022v6.pdf.

[67] *See Healthcare Provider's Affidavit for Sex Change on Birth Certificate*, Delaware Health and Soc. Servs., https://www.dhss.delaware.gov/wp-content/uploads/sites/10/dph/pdf/HealthcareAffidavitSexChange.pdf.

[68] *See* 410 Ill. Comp. Stat. 535/17(1)(e).

76. Perhaps most analogously, Michigan's law, by its text, previously required a transgender person to present an affidavit from a medical professional that a sex reassignment surgery had been performed before the listed sex on a birth certificate could be amended.[69] However, in 2021, Michigan Attorney General Dana Nessel issued an opinion declaring the requirement unconstitutional as violating equal protection of the laws, and possibly violating due process requirements under both United States and Michigan law.[70] Michigan now allows people to file an attestation form signed by the person seeking to amend their sex marker.[71]

D. Harms Resulting From the Statute

77. Given the vast and varied landscape of surgical interventions available to transgender people—each carrying its own distinct risks, recovery demands, and life-altering consequences—the Statute's bare requirement that a transgender person undergo a "surgical sex-change procedure" to change their records, without any definition of what that term means, is dangerously vague.

78. The Statute could be read to require any one or combination of the sixty-plus gender affirming procedures, leaving transgender people without meaningful notice of what they must endure and subjecting them to the unbounded discretion of government officials tasked with evaluating compliance.

79. Like transgender people, intersex people are also left without any meaningful guidance as to which of the many possible surgical interventions—if any—the Statute contemplates, and they face the same risk of being subjected to the arbitrary and unchecked

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[69] *See* Mich. Comp. Laws § 333.2831(c).
[70] Mich. Op. Att'y Gen. 7313 (2021).
[71] *See State of Michigan Sex Designation Form*, State of Michigan, https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder17/Folder217/Sex_Designation_Application.pdf.

discretion of government officials who must determine whether a given person has sufficiently undergone a "surgical sex-change procedure" to warrant a change in their records. The Statute's failure to account for the medical reality of intersex people only underscores its dangerous imprecision and the unfair burden it places on people whose bodies do not conform to a rigid binary that the Statute assumes but never defines.

80. For people who choose not to or cannot undergo a qualifying "surgical sex-change procedure," the Statute prohibits transgender and intersex people from possessing a birth certificate that accurately reflects their identity and external presentation.

81. Further, the Statute's harm is far-reaching—the State's refusal to permit an amendment to a Sex Marker on a birth certificate in the absence of a "surgical sex-change procedure" causes compounding harm whenever a birth certificate is required to prove identity, citizenship, eligibility for employment, or any myriad of other social, economic, and governmental obligations and privileges.

82. In Wisconsin alone, birth certificates may be used to verify public assistance applications, obtain a security freeze from a consumer reporting agency, obtain a marriage license, obtain a declaration of domestic partnership, obtain a driver's license or identification card, obtain a court-ordered name change, establish ethnic or racial heritage for purposes of minority business programs, and establish gender for purposes of woman-owned business programs.

83. Likewise, the federal government and other states require the presentation of a birth certificate for a host of reasons. For example, it is the primary mechanism for proving birth within the country when applying for a first-time adult passport,[72] and for those people without a valid passport, it is the only option available to natural-born citizens to prove identity when applying for

[72] *See* 22 C.F.R. § 51.42(a).

a REAL ID-compliant driver's license or ID card for the first time.[73] For those who leave the state and do not possess other forms of identification, a Wisconsin birth certificate becomes a necessary means of proving identity or citizenship, and the consequences of having a birth certificate with a sex marker that does not accurately reflect a person's identity can have far-flung nationwide ramifications. For example, showing a birth certificate is also one of few enumerated documents valid to prove citizenship when registering to vote for the first time in certain states, such as New Hampshire[74] and Arizona.[75]

84. Without a birth certificate displaying a sex marker that aligns with their external presentation, a transgender or intersex person is forced to involuntarily disclose their transgender or intersex status when presenting documents for these purposes within or outside the state, invading the person's privacy and exposing them to risk of bias, discrimination, or physical harm. According to a 2015 survey of Wisconsin transgender residents, one in four people who presented a document with a name or sex listed that did not match their gender presentation experienced verbal harassment, denial of benefits of service, were asked to leave the premises, or were assaulted.[76] This ultimately inhibits treatment for gender dysphoria and a person's ability to control disclosure of their status as transgender.[77] People could face further difficulty if their identity is questioned based on a Sex Marker on a birth certificate that does not reflect external appearance.

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[73] *See* 6 C.F.R. § 37.11(c).
[74] *See* N.H. Rev. Stat. Ann. §654:12(a).
[75] See Ariz. Rev. Stat. §16-166(F).
[76] Nat'l Ctr. for Transgender Equal., *2015 U.S. Transgender Survey: Wisconsin State Report* (2017), https://transequality.org/sites/default/files/docs/usts/USTSWIStateReport.pdf.
[77] Ayden I. Scheim, Amaya G. Perez-Brumer & Greta R. Bauer, *Gender-Concordant Identity Documents and Mental Health Among Transgender Adults in the USA: A Cross-Sectional Study*, 5 Lancet Pub. Health e196 (2020) (analyzing 22,286 respondents from the 2015 U.S. Transgender Survey and finding that respondents whose IDs all reflected their preferred name and gender had 32% lower prevalence of serious psychological distress, 22% lower suicidal ideation, and 25% lower suicide planning compared to those with no concordant IDs, and noting that 32% of

III. Effect of the Statute on Plaintiffs.

A. Plaintiff Jaida Birch McGuire.

85. Jaida Birch McGuire ("Jaida") is a retired veteran of the United States Coast Guard, where she attained the senior enlisted rank of Chief Petty Officer. Born in Wisconsin, Jaida was assigned male at birth, which her Wisconsin birth certificate continues to reflect. However, Jaida identifies as female and began the process of transitioning away from her sex assigned at birth in early 2021.

86. Because Jaida was still in active duty, her transition required the permission of the Coast Guard, which she received. Utilizing TRICARE, the health insurance plan for uniformed service members, Jaida was diagnosed with gender dysphoria and began obtaining gender-affirming healthcare.

87. Since 2022, Jaida has been on hormone replacement therapy, which helped to alter and feminize her body, including changing her breast size. This has helped alleviate her mental health challenges, particularly those surrounding her self-image and gender identity. She has continued treatment with a mental health professional. Additionally, following the approval of the Coast Guard, Jaida wore female uniforms, and began to actively express her female gender through her appearance.

88. In addition to hormone replacement therapy and mental health counseling, Jaida consulted with her physician about undergoing an array of gender-affirming surgical procedures that fit her medical needs, including facial feminization surgeries, which would have included shaving and reshaping the bones of her jaw, adjusting her hairline, and reshaping her nose;

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respondents who presented a non-concordant ID experienced verbal harassment, denial of service, or assault).

salmacian surgery—a phallus-preserving vaginoplasty, which builds a neovagina using penile skin tissue or grafts in the area between the penis and scrotum, while preserving the existing penis; and a procedure to feminize her waistline, involving shaving down and contouring the bones of her lower ribs. Jaida's decision to undergo these surgeries was not made lightly; the wait time between consultation and procedure for each of these surgeries is typically over a year, and surgical appointments cannot be scheduled more than a month in advance. Additionally, the recovery from these surgeries would have been grueling and long. Nevertheless, Jaida was prepared and determined to proceed. She was placed on the surgical waitlist and was set to begin with the facial feminization procedures.

89. Jaida's situation changed on January 27, 2025, when President Trump signed Executive Order 14183, directing the Department of Defense to adopt policies prohibiting transgender, nonbinary, and gender-nonconforming people from serving in the military freely. In response, United States Secretary of Defense Pete Hegseth issued a memorandum on February 7, 2025, immediately pausing all gender-affirming medical procedures for service members.[78]

90. Jaida was one week away from receiving a surgery date for her facial feminization surgeries when the ban was announced. When it became clear that the costs of the surgical procedures would no longer be covered through her military-provided health care, the surgeries were cancelled, along with Jaida's plans for additional procedures.

[78] Memorandum from Secretary of Defense Pete Hegseth to Senior Pentagon Leadership, Commanders of the Combatant Commands, Defense Agency and DOD Field Activity Directors, Prioritizing Military Excellence and Readiness (Feb. 7, 2025), https://www.war.gov/Portals/1/Spotlight/2025/Guidance_For_Federal_Policies/Prioritizing_Military_Excellence_and_Readiness/Prioritizing_Military_Excellence_and_Readiness_OSD_Guidance.pdf.

91. Jaida retired from the Coast Guard on September 30, 2025 as a result of the Executive Order and corollary changes in Pentagon policy. She now works part-time as a swim instructor at the YMCA. She is enrolled in a Nurse Practitioner program at the University of Vermont, and ultimately hopes to open a medical clinic in an underserved area of Vermont, where she can provide care to the LGBTQ+ community.

92. Following her separation from the military, Jaida must now bear the cost of her affirming care entirely out-of-pocket. Unfortunately, she cannot afford the additional surgical procedures she wishes to undergo without insurance coverage. Because Jaida cannot afford any surgical sex-change procedures at this time, she is unable to change her Sex Marker pursuant to the Statute.

93. On all other governmental documentation, Jaida's listed sex is female. Jaida's Vermont driver's license states that she is female, which she was able to obtain by presenting her military ID and her then-current Florida driver's license, both of which listed her as female. Furthermore, her Social Security records and military records designate her as female, as well as her current passport.

94. While Jaida's sex listed on most government documents conforms with her identity, the incongruence between her birth certificate and these other records has created obstacles, increased scrutiny, bias, and outright discrimination while she was in service. Additionally, the risk that Jaida's documents, which currently conform with her identity, will be involuntarily reverted to her sex assigned at birth remains a constant concern if her predicate birth certificate remains inaccurate.

95. Furthermore, Jaida's inability to know if her procedures thus far comply with the Statute's "surgical sex-change procedure" requirement or if she will be able to obtain additional

surgical procedures later means that she is denied her existence and personal hardship as a transgender woman because she does not possess an accurate birth certificate. Any time Jaida must provide her birth certificate with the male Sex Marker, she is forced to "out" herself as transgender.

96. Additionally, as federal and state laws hostile to transgender individuals proliferate, Jaida faces an escalating and untenable risk of potential criminal penalties and dispossession of her other identity documents bearing a female sex marker, solely because those documents conflict with her Wisconsin birth certificate. Serious psychological harms, humiliation, degradation, discrimination and/or violence may result from Jaida having to display her birth certificate listing her sex assigned at birth, which does not conform with her current outward appearance.

97. The Statute forecloses a plausible avenue by which Jaida may correct her birth certificate, leaving her trapped in an inescapable legal contradiction beyond her control, and exposed to profound harm.

B. Plaintiff Trans Law Help.

98. Trans Law Help assists transgender people with overcoming legal hurdles so that they can live as their true selves. Specifically, Trans Law Help offers trusted legal information and resources for clients trying to change their name and sex markers listed on Wisconsin government-issued documents.

99. Trans Law Help primarily focuses on providing assistance to people seeking to change the name and gender stated on their government-issued identification documents, including navigating the legal and administrative processes required for doing so.

100. Trans Law Help aims to reduce financial barriers many clients face by providing microgrants to cover court costs, filing fees, and ancillary costs, including publication fees. Trans

Law Help also maintains extensive educational programs, including legal clinics, legal guides, social media awareness campaigns, press interviews, and presentations.

101. Because Trans Law Help is a volunteer-run organization, it operates with limited capacity.

102. The confusing nature of the Statute, and its requirements, have substantially impaired Trans Law Help's mission and its ability to provide adequate services and counseling to its clients. Instead of focusing resources on expanding their reach, providing direct representation, and training more volunteers, Trans Law Help must devote significant time and energy to tracking county-by practices, developing knowledge about individual judges' practices, and evaluating how Trans Law Help can confidently provide services.

103. For people Trans Law Help advise, the vagueness of the term "surgical sex-change procedure" amplifies legal and practical uncertainty. Because of this, Trans Law Help must divert resources from reducing barriers and aiding in filing petitions, to educating their clients through additional clinics and extensively focusing on county-by-county legal advice to transgender people seeking help. Because decisions are made on a case-by-case basis and do not create binding precedent, there is no consistent or predictable statewide legal standard to rely on.

104. Trans Law Help spent approximately 164 hours since December 2016 per each unpaid volunteer and recently hired paid staff member, whose employment began in August of 2025, assisting transgender individuals due to the vagueness of the Statute's "surgical sex-change procedure" requirement. This assistance includes: (1) educating transgender people about different standards judges may apply to assess their petitions, the documentation required, and procedural hurdles transgender individuals may encounter, all of which can vary across courts and judges; (2) advising transgender people on how to prepare materials to meet an unpredictable

judicial assessment; (3) supporting transgender people overwhelmed by the stress and uncertainty caused by the Statute's vagueness; (4) aiding transgender people with weighing the risks of different approaches; and (5) tracking sex marker change orders in all 72 Wisconsin counties.

105. Currently, Trans Law Help dedicates 30% to 40% of its time to assisting people with issues related to the vagueness of the "surgical sex-change procedure" requirement in the Statue. This has caused Trans Law Help to delay or reduce certain projects and services it would otherwise offer. For example, Trans Law Help has been unable to develop a statewide network or referral list of attorneys equipped to provide direct representation for name and sex marker change cases because creating and maintaining such a resource requires significant time, relationship-building, training, and ongoing coordination. Trans Law Help's capacity is consumed by navigating the Statute and supporting clients through the uncertain process it creates, limiting Trans Law Help's ability to expand access to trusted legal representation and create more sustainable referral pathways. Additionally, Trans Law Help has declined taking on additional opportunities to provide direct representation for individuals because the ambiguities of the Statute make it difficult to confidently budget the resources and time that Trans Law Help will need to devote to any individual case.

106. Because of the Statute's ambiguity, Trans Law Help is unable to explore additional areas of need. Without the difficulties created by the Statute, Trans Law Help would have greater capacity to expand its mission and respond to other legal and advocacy needs affecting transgender people.

107. The legal uncertainty has also become a source of anxiety for the clients, directors, and volunteers of Trans Law Help. For example, volunteer members cannot fully live up to the mission of Trans Law Help to provide trusted legal information on sex marker changes because

their guidance is not grounded in a clear legal standard or established principles, leaving clients with uncertainty. The Statute's ambiguity has further created a significant emotional burden for Trans Law Help's team, including feelings of imposter syndrome and helplessness because they cannot provide clear answers and alleviate distress. This burden is especially acute because many members of Trans Law Help's team are themselves transgender, nonbinary, LGBTQ+, or have been drawn to this work because of close relationships with transgender family members or friends.

108. Trans Law Help must also devote significant time to aiding people through gathering extensive, intimate, and sensitive documentation, including medical records, leading to anxiety and other lasting psychological effects.

109. The absence of a consistent definition and application of the phrase "surgical sex-change procedure" consumes organizational capacity and constrains Trans Law Help's core mission to serve the full spectrum of legal needs of the transgender and nonbinary community of Wisconsin.

110. Furthermore, the uncertain nature of the Statute has taken a psychological toll on the organization's volunteers, who must navigate the legal and emotional consequences of this unpredictable legal process. For example, volunteer members are placed in the difficult position of compounding the harm experienced by transgender clients by serving as yet another authority figure reinforcing that their identity is not real, not recognized under the law and valid only upon medical intervention.

111. Should the State be enjoined from enforcing the "surgical sex-change procedure" requirement, Trans Law Help will be able to redirect the time, money, and resources spent on this

issue to its other services, such as providing direct representation, expanding community outreach, and training volunteers.

112. Should the State be enjoined from enforcing the "surgical sex-change procedure" requirement, Trans Law Help will be able to provide more consistent and certain guidance to transgender individuals.

113. Although Trans Law Help does not have formal members, the transgender people Trans Law Help serves possess the practical indicia of membership.

114. Trans Law Help exists to serve and represent those individuals' interests; they participate in Trans Law Help's activities, inform Trans Law Help's priorities, provide input on Trans Law Help's services and advocacy, and have mechanisms to communicate their collective needs and concerns to Trans Law Help.

115. Trans Law Help's leadership and volunteers include individuals directly affected by the Statute, and Trans Law Help's programs and advocacy are shaped by the needs and experiences of the transgender people it serves.

116. Accordingly, Trans Law Help is the functional equivalent of a membership organization for purposes of associational standing.

117. Neither the claims asserted, nor the relief requested requires the participation of the individuals that Trans Law Help serve. Trans Law Help challenges the legality of the "surgical sex-change procedure" requirement and seeks declaratory and injunctive relief prohibiting the State from enforcing it. That relief would apply to the State's enforcement of the Statute and would not require the Court to determine any individual member's entitlement to damages or other individualized relief.

COUNT ONE

Violation of the Equal Protection Clause of the Wisconsin Constitution

118. Plaintiffs reallege and incorporate by reference the allegations set forth in Paragraphs 1-117 above as if fully set forth herein.

119. The Equal Protection Clause of Article I § 1 of the Wisconsin Constitution guarantees that no person shall be denied the equal protection of the laws.

120. Discrimination on the basis of sex includes, but is not limited to, discrimination based on gender nonconformity, gender identity, transgender status, and gender transition.

121. The Statute's unequal application to transgender, intersex, and cisgender people discriminates on the basis of sex. A transgender or intersex person must undergo a surgical sex-change procedure, which remains ambiguous and undefined, and provide proof to a court of such procedure, to correct their Sex Marker.

122. Meanwhile, a cisgender person, who is assigned the wrong Sex Marker at birth due to a clerical error, is not required to undergo the same burdensome process to correct the Sex Marker on their birth certificate.

123. Because of the Statute's vague requirements, a transgender person is left to guess what surgical procedure they must undergo to comply with the Statute. Whereas, the process for a cisgender person to follow to change their Sex Marker is clear, standardized, and non-invasive.

124. Furthermore, the Statute impermissibly discriminates based on sex by reducing sex to a narrow set of physical characteristics, of which a change can only be achieved through a "surgical sex-change procedure," penalizing transgender and intersex people whose assigned sex at birth or current presentation does not conform to that restrictive classification.

125. As a result of the Statute's regulatory scheme, transgender and intersex people born in Wisconsin bear a heightened burden to have an accurate birth certificate.

126. As a transgender woman, Jaida is required to undergo an undefined "surgical sex-change procedure" to correct her Sex Marker pursuant to the Statute. Conversely, if she were cisgender and trying to amend her birth certificate due to clerical error, Jaida would need only to submit an affidavit and documentary evidence demonstrating that the Sex Marker is inaccurate. The Statute requires Jaida, and similar petitioners, to guess what surgical procedure would satisfy the court that a change to the Sex Marker was warranted, rather than determine what is best for her with her physician. Meanwhile, cisgender people are entitled to pursue a streamlined path, which is marked by the absence of ambiguity, to modify the Sex Marker on their birth certificate.

127. Through the Statute, the State has denied Jaida's right to the equal protection of the laws, in violation of Article I § 1 of the Wisconsin Constitution.

128. Trans Law Help's transgender clients are, like Jaida, pressured to undergo surgical sex-change procedures to correct their Sex Markers pursuant to the Statute, even when they do not wish to or cannot afford to undergo such procedures, or are otherwise advised against undergoing such procedures by medical professionals.

129. Protecting transgender persons' equal protection rights is germane to Trans Law Help's purpose of providing legal information, resources, and assistance to Wisconsin's transgender residents, as Trans Law Help strives to assist their clients with changes to their birth certificates. The ambiguous nature of the Statute impedes Trans Law Help's ability to properly advise its clients who wish to change their Sex Markers.

130. Furthermore, if the transgender clients of Trans Law Help ultimately elect not to obtain a "surgical sex-change procedure," the law prevents them from obtaining an accurate birth certificate. The law does not similarly burden their cisgender peers in obtaining an accurate birth

certificate without undergoing a "surgical sex-change procedure." Trans Law Help's transgender clients are therefore denied accurate birth certificates on the basis of their transgender status.

131. The Statute's unequal treatment of transgender and cisgender persons therefore violates the equal protection guarantees of Article I § 1 of the Wisconsin Constitution for the transgender clients of Trans Law Help.

132. At bottom, the Statute classifies people based on sex, a discriminatory classification which requires Defendants to show the Statute is substantially related to an important government objective.

133. Excluding transgender people who have not undergone surgery from obtaining corrected or amended birth certificates does not serve any legitimate, important, compelling, or even rational state interest.

134. For these reasons, Plaintiffs are entitled to declaratory relief finding the Statute's requirement unconstitutional because it violates the Equal Protection Clause of the Wisconsin Constitution.

COUNT TWO

Violation of the Due Process Clause of the Wisconsin Constitution

135. Plaintiffs reallege and incorporate by reference the allegations set forth in Paragraphs 1-134 above as if fully set forth herein.

136. Article I § 1 of the Wisconsin Constitution places limitations on state actions which deprive people of life, liberty, or property without due process of law.

137. The guarantee of due process protects the informational privacy of highly personal and intimate aspects of a person's life, including their sexual orientation, sexual identity, and choice of medical intervention, including to treat gender dysphoria.

138. The Statute intrudes on a person's constitutional expectation of informational privacy by requiring that transgender and intersex people obtain and disclose that they have obtained a "surgical sex-change procedure" to amend their Sex Marker. The Statute also intrudes on the privacy of transgender and intersex people who do not undergo a "surgical sex-change procedure" by forcing them to disclose their transgender or intersex identity when they must present a birth certificate that does not match their outward appearance.

139. Because the Statute infringes on a person's fundamental right to privacy, it is subject to strict scrutiny, requiring Defendants to show that the Statute is narrowly tailored to further a compelling interest. The state of Wisconsin does not have a compelling basis for requiring people to undergo a "surgical sex-change procedure" to change the Sex Marker on their birth certificates.

140. Furthermore, the Statute also contravenes the due process of the law because it is unconstitutionally vague. The Statute does not give fair notice of what is required to change a Sex Marker. An ordinary person with ordinary intelligence is unable to discern what constitutes a "surgical sex-change procedure." Because of this vagueness, the Statute encourages arbitrary enforcement and lacks clear guidelines for courts to use when granting requests to amend Sex Markers. This is evident from the public dockets from courts within Wisconsin, where courts have rejected as inadequate certain procedures and records thereof.[79]

[79] *See, e.g.*, *In re: the Name Change of Melody Joy Seif*, No. 2023CV000187 (Wis. Cir. Ct. Feb. 6, 2023) (denying change to Sex Marker and finding that hormone therapy did not constitute a surgical sex change under the Statute); *In re: the Name Change of Carter Bauer*, No. 2017CV00638 (Wis. Cir. Ct. Jul. 21, 2017) (dismissing petition concluding that letter from physician failed to meet the Statute's requirements, where the letter was provided by petitioner's craniofacial plastic surgeon). Notably, other courts have granted petitions where the petitioner, concluding that hormone therapy qualified as a surgical sex change procedure under the statute. *See, e.g.*, *In re: Petition for Gender Change of Daughtery-Leiter*, No. 2024CV3521 (granting petition where petitioner underwent hormone therapy).

141. As a transgender woman, Jaida is required to undergo a "surgical sex-change procedure" and disclose records of such a procedure to change the Sex Marker pursuant to the Statute. If she continues to be unable to afford such a procedure, Jaida must disclose her transgender status whenever she is forced to present her birth certificate because Jaida's outward appearance is female, despite her birth certificate stating that she is male.

142. The Statute's requirement that Jaida must provide sensitive and intimate surgical records without an adequate basis for such requirement violates Jaida's constitutional expectation of informational privacy and her Due Process rights pursuant to Article I §1 of the Wisconsin Constitution.

143. Furthermore, the Statute's vagueness inhibits Jaida from fully understanding the surgical procedure(s) she would need to undergo to fulfill the "surgical sex-change procedure requirement" to change the Sex Marker on her birth certificate.

144. Trans Law Help's transgender clients are also forced to provide the same sensitive and private medical records demonstrating a "surgical sex-change procedure" in order to correct their Sex Markers. Furthermore, for Trans Law Help's clients who are unable to undergo a "surgical sex-change procedure," Trans Law Help's clients must also disclose their transgender status whenever they are forced to present a birth certificate in which their Sex Marker does not match their outward appearance.

145. The Statute's requirement that transgender people must provide sensitive and intimate surgical records without an adequate basis for such requirement violates Trans Law Help's transgender clients' constitutional expectation of informational privacy and their Due Process rights pursuant to Article I § 1 of the Wisconsin Constitution.

146. Protection of transgender people's constitutional expectation of informational privacy and their Due Process rights is germane to Trans Law Help's purpose of providing legal information, resources, and assistance to Wisconsin transgender residents, as Trans Law Help strives to assist their clients with Sex Marker changes while reducing individual barriers to do so.

147. Furthermore, the Statute's vagueness inhibits Trans Law Help's ability to provide accurate legal advice to its clients concerning the Statute's "surgical sex-change procedure" requirement.

148. For these reasons, Plaintiffs are entitled to declaratory relief finding the Statute's requirement unconstitutional because it violates the Due Process Clause of the Wisconsin Constitution.

COUNT THREE

Violation of the Freedom of Expression

149. Plaintiffs reallege and incorporate by reference the allegations set forth in Paragraphs 1-148 above as if fully set forth herein.

150. Article I §3 of the Wisconsin Constitution guarantees the right of the freedom of expression.

151. The freedom of expression includes the right to express one's true sex. A person's expression of their innate sex includes how their identity is reflected on government documents and is a core component of how the person presents themselves to the world.

152. The Statute forces transgender people to carry and present identifying documents that contradict their innate sex, fundamentally restricting their full-throated declaration of their innate feeling of self.

153. Furthermore, the Statute violates the rights of people to refrain from expression, instead forcing them to endorse the government's position as to what constitutes sex or a change in sex. The Statute forces transgender people to accept and conform to the state's ideological message that a transgender person must undergo a surgical procedure to conform their sex to their gender identity as the courts see fit—a message Plaintiffs strongly object to.

154. Because Plaintiffs' expressive speech is restricted based on content, the Statute must survive strict scrutiny, with a showing that the Statute serves a compelling state interest and is the least restrictive means of serving that interest. The state of Wisconsin does not have a compelling basis for requiring people to undergo a "surgical sex-change procedure" in order to change the Sex Marker on their birth certificates. Even if the state of Wisconsin did have a compelling state interest, the Statute's "surgical sex-change procedure" requirement is not the least restrictive means possible for serving that interest, including because of the Statute's vagueness.

155. As a transgender woman, Jaida is required to undergo a "surgical sex-change procedure" to correct her Sex Marker pursuant to the Statute. Consequently, without undergoing a "surgical sex-change procedure," Jaida is forced to hold and present an inaccurate birth certificate that contradicts her transition away from her sex assigned at birth in violation of her right of freedom of expression.

156. Furthermore, the Statute's "surgical sex-change procedure" requirement forces Jaida to endorse the government's position that a transgender woman must undergo a surgical procedure in order to conform their Sex Marker to their gender identity as female—an opinion she does not personally hold.

157. Trans Law Help's transgender clients are, like Jaida, forced to hold and present birth certificates with inaccurate Sex Markers absent evidence of "a surgical sex-change procedure" in violation of their right to freedom of expression.

158. The Statute's requirement that transgender people must undergo a surgical sex-change procedure to correct their Sex Marker on their birth certificates would force Trans Law Help's transgender clients to endorse the government's position that a transgender person must undergo a surgical procedure in order to conform their true sex to their gender identity in violation of their freedom of expression.

159. Protection of transgender people's freedom of expression is germane to Trans Law Help's purpose of providing legal information, resources, and assistance to Wisconsin transgender residents, as Trans Law Help strives to assist their clients in Sex Marker changes while openly opposing the opinion that surgical sex-change procedures are necessary for the determination of sex.

160. For these reasons, Plaintiffs are entitled to declaratory relief finding the Statute's requirement unconstitutional because it violates the right to the freedom of expression under the Wisconsin Constitution.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectfully request that this Court:

A. Enter an order declaring that continuing to enforce the Statute's "surgical sex-change procedure" requirement:

1. Violates the Equal Protection Clause of the Wisconsin Constitution by discriminating on the basis of sex and transgender status;

2. Violates the Due Process right to informational privacy under the Wisconsin Constitution; and

3. Violates the right to the freedom of expression under the Wisconsin Constitution.

B. Permanently enjoin Defendants, their agents, employees, representatives, and successors, and any other person acting directly or indirectly in concert with them, from enforcing the Statute's "surgical sex-change procedure requirement," which denies an amendment to the sex listed on the birth certificates of transgender people and intersex people who have undergone clinically appropriate treatment for the purpose of a gender transition;

C. Order Defendants to issue a new birth certificate to Plaintiff Jaida Birch McGuire;

D. Award Plaintiffs Jaida Birch McGuire and Trans Law Help nominal damages;

E. Award Plaintiffs Jaida Birch McGuire and Trans Law Help the costs and disbursements of this action, including reasonable attorneys' fees and other items of cost pursuant to Wis. Stat. § 814.04 and any other applicable laws; and

F. Grant all such other and further relief in favor of Plaintiffs that the Court deems appropriate, or that justice may require.

APPENDIX A

Gender-Affirming Procedures Potentially Implicated by Wisconsin Statute § 69.15(4)(b)

The following chart identifies gender-affirming procedures that could constitute a "surgical sex-change procedure" within the meaning of Wisconsin Statute § 69.15(4)(b). The procedures listed below are identified in the Complaint and in the cited medical literature. Gender-affirming surgical care continues to evolve accordingly, this chart reflects common procedures and is not necessarily exhaustive of all available procedures.

I. Genital Procedures

Procedure	Description
Gonadectomy/ Orchiectomy	Irreversible removal of the testicles, eliminating the primary source of endogenous testosterone production.[80]
Penectomy	Irreversible removal of the penis.[81]
Vaginoplasty (Penile Inversion)	Construction of a neovagina by removing the internal structures of the penis, preserving the outer skin, and inverting it to form the vaginal walls.[82]
Vaginoplasty (Peritoneal Flap)	Transfer of tissue from the peritoneum, a thin membrane inside the abdominal cavity, to create or supplement the neovagina.[83]
Vaginoplasty (Intestinal Segment)	Harvest of a section of the patient's intestine to construct or line the neovagina.[84]
Vaginoplasty (Autologous Oral	Harvest of a section of the patient's cheek or lip tissue to construct or line the neovagina.[85]

[80] Endocrine Soc'y, *Endocrine Treatment*, at 3891—93; WPATH, *Standards of Care*, at S40—41, S87, S89—90, S125, app. E, at S258.
[81] Endocrine Soc'y, *Endocrine Treatment*, at 3893; WPATH, *Standards of Care*, at S87, S90, app. E, at S258.
[82] Endocrine Soc'y, *Endocrine Treatment*, at 3893; WPATH, *Standards of Care*, at S119, S125, S135, S169, app. E, at S258.
[83] Endocrine Soc'y, *Endocrine Treatment*, at 3893, WPATH, *Standards of Care*, at S125, app. E, at S258.
[84] Endocrine Soc'y, *Endocrine Treatment*, at 3893; WPATH, *Standards of Care*, at S64, app. E, at S258.
[85] Endocrine Soc'y, *Endocrine Treatment*, at 3893.

Epithelial Cell Technique)	
Phallus-Preserving Vaginoplasty	Construction of a neovagina using penile skin tissue or grafts while preserving the existing penis and/or testicles.[86]
Vulvoplasty	Creation of the labia by refashioning the scrotum.[87]
Clitoroplasty	Creation of the clitoris by bundling the neurovascular tip of the penis.[88]
Oophorectomy	Irreversible removal of the ovaries, eliminating the primary source of endogenous estrogen.[89]
Salpingo-oophorectomy	Irreversible removal of ovaries and fallopian tubes.[90]
Vaginectomy	Irreversible multistage removal of the vaginal walls and fusion of the remaining walls to close the vaginal canal.[91]
Metoidioplasty	Creation of a phallus by enlarging the hormonally enlarged clitoris.[92]
Phalloplasty	Multistage procedures create a neopenis from skin and tissue harvested from elsewhere on the body, commonly the forearm via radial forearm flap procedure.[93]
Scrotoplasty	Creation of a scrotum from the labia majora.[94]

[86] WPATH, *Standards of Care*, at S87, S119, S135, app. E, at S260.
[87] *Id*.; WPATH, *Standards of Care*, at S125, app. E, at S258.
[88] Endocrine Soc'y, *Endocrine Treatment*, at 3893.
[89] Endocrine Soc'y, *Endocrine Treatment*, at 3892, 3894; WPATH, *Standards of Care*, at S86, S125 app. E, at S260.
[90] *Id*.
[91] *Id*.
[92] WPATH, *Standards of Care*, at S86, S125, S133, app. E, at S260.
[93] Endocrine Soc'y, *Endocrine Treatment*, at 3894; WPATH, *Standards of Care*, at S125, S130, app. E, at S260; *Trans-Masculine (Female to Male) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/female-to-male (last visited July 31, 2026).
[94] WPATH, *Standards of Care*, at S125, S130, app. E, at S260; *Trans-Masculine (Female to Male) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/female-to-male (last visited July 31, 2026).

Urethral Lengthening	Extension of the urethra to allow standing urination.[95]
Penile Prosthesis	Embedding of a mechanical device such as a rod or inflatable apparatus within the neopenis to enable rigidity.[96]
Testicular Prosthetic Implants	Implantation of prosthetic testicles within the neoscrotum.[97]
Penile Transplantation	Transplantation of a donor penis.[98]

II. Body Contouring Procedures

Procedure Name	**Description**
Breast Augmentation (Implants)	Insertion of breast implants using silicone or saline implants.[99]
Breast Augmentation (Lipofilling / Autologous Fat Transfer)	Removal of fat from other areas of the body via liposuction and reinjection into the chest for breast volume enhancement.[100]

[95] Endocrine Soc'y, *Endocrine Treatment*, at 3894; WPATH, *Standards of Care*, at S125, S133—34, S169, app. E, at S260; *Trans-Masculine (Female to Male) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/female-to-male (last visited July 31, 2026).
[96] Endocrine Soc'y, *Endocrine Treatment*, at 3894; WPATH, *Standards of Care*, at S132–S134, app. E, at S260.
[97] WPATH, *Standards of Care*, at S125, app. E, at S260; *Trans-Masculine (Female to Male) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/female-to-male (last visited July 31, 2026).
[98] Endocrine Soc'y, *Endocrine Treatment*, at 3894.
[99] Endocrine Soc'y, *Endocrine Treatment*, at 3893—94; WPATH, *Standards of Care*, at S125, app. E, at S260.
[100] *Id*.

Breast Reconstruction (Autologous Flap-Based Augmentation)	Creation or enlargement of the breasts using uses the patient's own tissue, including flap-based techniques.[101]
Mastectomy with Nipple Preservation	Removal of breast tissue from both breasts without preservation of the nipple-areola complex.[102]
Mastectomy Without Nipple-Areola Preservation	Removal of breast tissue without preservation of the nipple-areola complex.[103]
Nipple-Areola Tattoo Reconstruction	Medical tattooing to reconstruct the appearance of the nipple-areola complex.[104]
Liposuction (Chest)	Suction of fat from the chest to enhance chest contour.[105]
Pectoral Implants	Insertion of silicone implants over the pectoralis muscle for chest contouring.[106]
Lipofilling (Body Parts Other Than Breasts)	Removal of fat from other areas of the body via liposuction and reinjection into the hips, buttocks, or other areas for body contouring.[107]
Hip Implants	Insertion of silicone implants to augment hip width for body contouring.[108]
Gluteal Implants	Insertion of silicone implants into the buttocks for body contouring.[109]

[101] *Id*.
[102] *Id*.
[103] *Id*.
[104] *Id*.
[105] WPATH, *Standards of Care*, at S125, app. E, at S260.
[106] WPATH, *Standards of Care*, app. E, at S260.
[107] *Id*.
[108] *Id*.
[109] *Id*.

Calf Implants	Insertion of silicone implants to augment calf size for body contouring [110]
Waistline Feminization (Rib Contouring)	Removal, shaving down, and contouring the bones of the lower ribs to narrow the waistline.

III. Facial Procedures

Procedure Name	Description
Brow Reduction	Reduction of the brow bone for forehead contouring.[111]
Brow Augmentation	Augmentation of the brow area using implants, bone cement, or fat grafting.[112]
Brow Lift	Elevation of the brow position to the upper face.[113]
Hairline Advancement / Hair Transplant	Lowering of the frontal hairline or transplantation of hair follicles to create a rounder hairline.[114]
Rhinoplasty	Reshaping or resizing of the nose through bone and cartilage modification.[115]
Cheek Augmentation	Insertion of cheek implants or injection of autologous fat to enhance midface volume.[116]

[110] *Id*.
[111] *Id*.; Endocrine Soc'y, *Endocrine Treatment*, at 3893—94.
[112] *Id*.
[113] *Id*.
[114] Endocrine Soc'y, *Endocrine Treatment*, at 3893—94; WPATH, *Standards of Care*, at S18, S125, S155—54, app. E, at S260; *Trans-Feminine (Male to Female) Surgeries,* MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/male-to-female (last visited July 31, 2026).
[115] Endocrine Soc'y, *Endocrine Treatment*, at 3893—94; WPATH, *Standards of Care*, at S18, S125, app. E, at S260; *Trans-Feminine (Male to Female) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/male-to-female (last visited July 31, 2026).
[116] *Id*.

Jaw Reduction / Mandibular-Angle Reduction	Reduction or reshaping of the jawbone to produce a narrower, more tapered jaw.[117]
Jaw Augmentation	Augmentation of the jaw using implants or osteoplastic techniques.[118]
Chin Reshaping (Osteoplastic / Alloplastic Implant)	Reshaping of the chin through reconstruction of bone tissue or insertion of alloplastic implants.[119]
Lip Augmentation	Augmentation of lips using autologous or non-autologous materials to create fuller lip.[120]
Upper-Lip Shortening	Shortening of the upper lip to reduce the distance between the nose and the lip border.[121]
Facelift / Mid-Face Lift	Lifting and tightening of facial soft tissue following alteration of underlying skeletal structures.[122]
Blepharoplasty	Adjustment of the upper or lower eyelids.[123]
Chondrolaryngoplasty	Reduction of the thyroid cartilage prominence, commonly known as the Adam's apple, through surgical shaving.[124]
Adam's Apple Enhancement	Insertion of an implant or augmentation of thyroid cartilage to create a visible Adam's apple.[125]

[117] *Id*.
[118] *Id*.
[119] *Id*.
[120] WPATH, *Standards of Care*, app. E, at S260.
[121] *Id*.
[122] *Id*.
[123] *Id*.
[124] *Trans-Feminine (Male to Female) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/male-to-female (last visited July 31, 2026).
[125] *Trans-Masculine (Female to Male) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/female-to-male (last visited July 31, 2026).

Facial Lipofilling	Removal of fat from other areas of the body via liposuction and grafted to add volume and soften facial contours.[126]

IV. Voice / Laryngeal Procedures

Procedure Name	Description
Glottoplasty	Shortening of the vocal cords using sutures to raise voice pitch.[127]
Cricothyroid Approximation	Tightening of the vocal folds through a neck incision to increase vocal pitch.[128]
Laryngoplasty	Removal of thyroid cartilage to raise pitch and voice resonance[129]

V. VIII. Additional Procedures

Procedure Name	Description
Electrolysis	Use of an electric current with a very fine probe that is manually inserted sequentially into individual hair follicles to destroy the blood supply to the hairs on the face, body, and/or genital areas.[130]
Laser Hair Removal	Use of laser energy to target and destroy hair follicles on the face, body, and/or genital areas.[131]

[126] WPATH, *Standards of Care*, app. E, at S260.
[127] Endocrine Soc'y, *Endocrine Treatment*, at 3893—94; WPATH, *Standards of Care*, at S18, S138, app. E, at S260; *Trans-Feminine (Male to Female) Surgeries*, MOUNT SINAI, https://www.mountsinai.org/locations/center-transgender-medicine-surgery/care/surgery/male-to-female (last visited X).
[128] *Id*.
[129] *Id.*
[130] WPATH, *Standards of Care*, at S154-55, app. E, at S258.
[131] *Id*.

Estrogen Hormone Therapy	Estrogen-based regimens may include oral, skin patches or gel, or injectables to maintain estradiol levels resulting in breast development, redistribution of body fat, decreased muscle mass, skim softening, decreased spontaneous erections, decreased testicular volume, and reduced facial and body hair.[132]
Anti-Androgens Therapy	Testosterone-lowering oral regimes to block androgen-receptor activity may include spironolactone, cyproterone acetate, and 5-alpha reductase, these medications in conjunction with estrogen result in physical changes.[133]
Testosterone Hormone Therapy	Testosterone-based regimens may include skin patches or gel, subcutaneous implants, and injectables to maintain serum testosterone resulting in cessation of menses, increased facial and body hair, increased skin oiliness, increased muscle mass, redistribution of fat mass, voice deepening, clitoral enlargement, and male-pattern hair loss in some patients.[134]
Puberty Suppression Hormone Therapy	Puberty suppression uses GnRH agonists, including agents such as leuprolide, histrelin, and triptorelin, to suppress gonadotropins and reduce endogenous sex-steroid production after the first physical signs of puberty to prevent further development of endogenous secondary sex characteristics.[135]
Progestins Hormone Therapy	Progestins may include oral or injectable depot agents for pubertal suspension.[136]

[132] Endocrine Soc'y, *Endocrine Treatment*, at 3887—89; WPATH, *Standards of Care*, at S110, S120, app. C, at S254.
[133] Endocrine Soc'y, *Endocrine Treatment*, at 3886—90; WPATH, *Standards of Care*, at S110—13, S117, S122, S124, app. C, at S254.
[134] Endocrine Soc'y, *Endocrine Treatment*, at 3884, 3886—90; WPATH, *Standards of Care*, at S113, app. C, at S254.
[135] Endocrine Soc'y, *Endocrine Treatment*, at 3881—83, 3887; WPATH, *Standards of Care*, at S110, S115—19, S122—25, app. C, at S254.
[136] Endocrine Soc'y, *Endocrine Treatment*, at 3882—83, 3886; WPATH, *Standards of Care*, at S115, S122..

Dated this day of July 31, 2026.

Electronically signed by Jade Hall

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