IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

AMERICAN CIVIL LIBERTIES UNION 125 Broad St New York, NY 10004 *Plaintiff*, v. **UNITED STATES FOOD AND DRUG ADMINISTRATION** 10903 New Hampshire Ave Silver Spring, MD 20993 (Montgomery County) *Defendant*.	**COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF** CIVIL ACTION NO.:

COMPLAINT
(Freedom of Information Act)

INTRODUCTION

1. The American Civil Liberties Union ("the ACLU" or "Plaintiff"), brings this action against the U.S. Food and Drug Administration ("Defendant" or "FDA"), to compel compliance with the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. The ACLU seeks records that are urgently needed to promote transparency and ensure the integrity of FDA's review of its regulation of mifepristone given immense political pressure on the agency from the anti-abortion movement.

2. Mifepristone is a safe, effective medication used by more than 7.5 million U.S. patients since its approval in 2000 and used in most U.S. abortions today.[1] Since mifepristone's

[1] *See* FDA, NDA 020687 & ANDA 091178, MIFEPRISTONE U.S. POST-MARKETING ADVERSE EVENTS SUMMARY THROUGH 12/31/2024 (2024), at 1, https://www.fda.gov/media/185245/download [https://perma.cc/VUH2-N5Q8]; Rachel K. Jones & Amy Friedrich-Karnik, *Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020*, GUTTMACHER INST. (Mar. 19, 2024),

approval, these millions of patient uses and a robust body of peer-reviewed scientific and medical literature have demonstrated that the drug is extremely safe. Based on this scientific evidence, FDA has taken steps in recent years to lift certain restrictions on mifepristone that were not medically justified. And, as recently as 2023, in response to a lawsuit brought by anti-abortion organizations challenging FDA's regulatory decisions on mifepristone, FDA vigorously defended the scientific validity of those regulatory changes.[2]

3. However, in response to sustained political pressure from anti-abortion politicians and activists seeking to make it harder for patients nationwide to access abortion care, and despite mifepristone's well-established safety record, on May 14, 2025, U.S. Department of Health and Human Services Secretary Robert F. Kennedy Jr. ("the Secretary" or "Secretary Kennedy") announced that FDA would be conducting a "complete review" of its mifepristone regulations.[3]In the following months, Secretary Kennedy and FDA Commissioner Marty Makary ("the Commissioner" or "Commissioner Makary") have repeatedly referenced the review, including in a September 19 letter to several state Attorneys General, generating significant public interest and a greater need for transparency surrounding the process and its impetus.[4]

---

https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020 [https://perma.cc/9UBZ-H4JG].

[2] *See FDA v. All. for Hippocratic Med.*, 602 U.S. 367, 376 (2024) (dismissed on standing grounds).

[3] *Hearing on Fiscal Year 2026 Department of Health and Human Services Budget*, 119th Cong., at 1:49:00-1:50:00 (2025), https://www.help.senate.gov/hearings/hearing-on-fiscal-year-2026-department-of-health-and-human-services-budget [hereinafter *Hearing on HHS Budget*] (statement of Robert F. Kennedy Jr., Sec'y, U.S. Dep't of Health & Hum. Servs.).

[4] *See, e.g.*, Letter from Robert F. Kennedy, Jr., Sec'y, Dep't of Health & Hum. Servs., and Martin A. Makary, Comm'r, FDA, to Attorneys General 1 (Sept. 19, 2025), https://democracyforward.org/wp-content/uploads/2025/09/Fda_Hhs_Letter-1.pdf [https://perma.cc/Q57U-MSHX] [hereinafter AG Letter] (assuring state Attorneys General who have asked the agency to severely restrict mifepristone and "consider withdrawing mifepristone from the market" that "HHS—through the FDA—is conducting its own review . . . relating to the safety and efficacy" of mifepristone).

4. In announcing the new regulatory review last May, Secretary Kennedy indicated that the review will center on a recent six-page, self-published paper by the Ethics and Public Policy Center ("EPPC"), an anti-abortion advocacy organization.[5] The paper, which purports to disrupt FDA's longstanding determination that mifepristone is safe and effective, has been widely criticized by the scientific community because of its lack of clearly stated methodology, peer review, and data transparency.[6]

5. The federal government's about-face and reliance on the EPPC paper to call into question the safety of mifepristone raises significant questions about the integrity and independence of the review and has garnered significant public attention and concern about the future availability of this essential medication.[7]

6. On August 1, 2025, the ACLU submitted a FOIA request ("the Request") to FDA seeking records related to the parameters of FDA's review of mifepristone and communications

---

[5] Secretary Kennedy and Commissioner Makary's September 19, 2025 letter to state Attorneys General also relies on the EPPC paper in explaining the need to review the safety and efficacy of mifepristone. *See id.* ("Recent studies—such as the study by the Ethics and Public Policy Center (EPPC), which you highlighted in your letter—indicate potential dangers that may attend offering mifepristone . . . .").

[6] *See, e.g.*, Ushma Upadhyay et al., ADVANCING NEW STANDARDS IN REPROD. HEALTH, REPRODUCTIVE HEALTH RESEARCHERS' COMMENT 7–19 (2025), https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/Reproductive%20Health%20Researchers%20Comment%20Letter%20to%20FDA%208.27.25.pdf [https://perma.cc/WSP3-KCA5]; Susan Rinkunas, *RFK Jr Orders Mifepristone Review as Anti-Abortion Groups Push for Ban*, GUARDIAN (May 14, 2025), https://www.theguardian.com/us-news/2025/may/14/rfk-jr-fda-abortion-pill-mifepristone [https://perma.cc/L3R9-32BW].

[7] *See, e.g.*, Sara Moniuszko, *FDA to Review "The Latest Data" on Mifepristone. What Could It Mean for Access to the Abortion Pill?*, CBS NEWS (June 5, 2025), https://www.cbsnews.com/news/fda-review-mifepristone-abortion-pill-access/ [https://perma.cc/7U7U-MYLU]; Alejandra O'Connell-Domenech, *FDA Commissioner Pledges to Investigate Mifepristone*, THE HILL (June 3, 2025), https://thehill.com/policy/healthcare/5330774-marty-makary-fda-mifepristone-review/ [https://perma.cc/4GVH-MK8W]; Aria Bendix, *How Shoddy Science Is Fueling a Charge to Restrict Abortion Pill Access*, NBC NEWS (May 19, 2025), https://www.nbcnews.com/health/womens-health/shoddy-science-fueling-charge-restrict-abortion-pill-access-rcna207034 [https://perma.cc/QE3D-HN64]; Rinkunas, *supra* note 6.

between FDA and outside individuals and entities relating to mifepristone. The ACLU's request sought expedited processing and a fee waiver. A true and correct copy of the Request to FDA is attached as Exhibit A.

7. Despite the clear statutory requirement that an agency respond to an expedited FOIA request within 10 days, 5 U.S.C. § 552(a)(6)(E)(ii)(I), and to a non-expedited request within 20 days, 5 U.S.C. § 552(a)(6)(A)(i), FDA has failed to provide a final determination and/or produce a single document in response to the ACLU's FOIA Request.

8. FDA has not claimed that the requested information is subject to any FOIA exceptions or privilege and has not advanced any other reason why these materials should not be disclosed.

9. The ACLU seeks to compel FDA to comply with its obligations under FOIA and promptly produce the requested records, which are urgently needed to inform the public about FDA's activities regarding mifepristone.

JURISDICTION AND VENUE

10. This Court has jurisdiction over this action pursuant to 5 U.S.C. § 552(a)(4)(B) and 28 U.S.C. § 1331.

11. Venue lies in this district pursuant to 5 U.S.C. § 552(a)(4)(B) because it is the district in which the agency records are situated.

PARTIES

12. The ACLU is a non-profit, 26 U.S.C. § 501(c)(4) membership organization that educates the public about the civil liberties implications of government policies and practices and pending and proposed state and federal legislation, provides analysis of pending and proposed legislation and Executive Branch policies and practices, directly lobbies legislators and government officials, and mobilizes its members to communicate with elected and appointed

officials. The ACLU is also committed to principles of transparency and accountability in government and seeks to ensure that the American public is informed about the conduct of its government in matters that affect civil liberties and human rights. Obtaining information about governmental activity, analyzing that information, and widely publishing and disseminating it to the press and the public is a critical and substantial component of the ACLU's work and one of its primary activities. The ACLU is incorporated in the District of Columbia and has its principal place of business in New York City.

13. Defendant FDA is an agency of the United States government under 5 U.S.C. § 552(f)(1) and 5 U.S.C. § 551(1). FDA is headquartered at 10903 New Hampshire Avenue, Silver Spring, MD 20993. FDA has possession, custody, and control of the documents that Plaintiff seeks in response to the FOIA request.

FACTS

Mifepristone Is a Safe, Essential Medication Used by Millions of U.S. Patients

14. Mifepristone is FDA-approved as part of a two-drug regimen with misoprostol to end a pregnancy. Since its approval in 2000, more than 7.5 million U.S. patients have used mifepristone,[8] and medication abortions now comprise nearly two-thirds of all U.S. abortions.[9] Mifepristone is also part of the superior drug regimen for managing early pregnancy loss (miscarriage), among other reproductive health indications.[10]

---

[8] *See* FDA, *supra* note 1, at 1.
[9] *See* Jones & Friedrich-Karnik, *supra* note 1.
[10] *See* AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, PRACTICE BULLETIN NO. 200, EARLY PREGNANCY LOSS (2018), https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss [https://perma.cc/N5ZR-C8TD]; Ilana G. Dzuba, Daniel Grossman, & Courtney A. Schreiber, *Off-Label Indications for Mifepristone in Gynecology and Obstetrics*, 92 CONTRACEPTION 203, 203 (2015).

15. Mifepristone has been the subject of rigorous study and safety evaluation for a quarter century, with a vast body of evidence supporting its safety. In 2016, after approximately 2.5 million uses by U.S. women, FDA noted that the drug had "been increasingly used as its efficacy and safety have become well-established by both research and experience, and serious complications have proven to be extremely rare."[11] FDA further stated that "[t]he safety profile of Mifeprex[12] was well-characterized and its risks well-understood after more than 15 years of marketing. Serious adverse events are rare and the safety profile of Mifeprex has not substantially changed."[13]

16. In 2023, based on extensive scientific research and real-world data on patients' experience with telemedicine abortion during the COVID-19 Public Health Emergency, FDA permanently lifted its requirement that patients pick up their mifepristone prescription at a hospital, clinic, or medical office rather than filling their prescription at a local pharmacy or by mail, removing a significant and medically unnecessary barrier to abortion access.[14]

17. As recently as last year, the agency confirmed that mifepristone's safety profile is extraordinarily strong. As FDA told the U.S. Supreme Court in 2024: "[s]tudy after study has

---

[11] CTR. FOR DRUG EVAL. & RSCH., FDA, NO. 020687ORIG1S020, MEDICAL REVIEW(S) 12 (2016), https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020MedR.pdf [https://perma.cc/R6HZ-L5M9].

[12] Plaintiff uses "mifepristone" to refer to both the brand-name drug, Mifeprex®, and its generic, mifepristone, which are subject to identical FDA regulations.

[13] CTR. FOR DRUG EVAL. & RSCH., FDA, NDA 020687, RISK EVALUATION AND MITIGATION STRATEGY (REMS) MEMORANDUM: REMS MODIFICATION 3 (2016), https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020RiskR.pdf [https://perma.cc/CN9X-P2GR].

[14] This requirement was previously part of FDA's Risk Evaluation and Mitigation Strategy ("REMS") for mifepristone. A REMS is a set of requirements beyond a drug's approved prescribing information that FDA may impose, under narrow circumstances and subject to strict conditions, pursuant to the federal Food, Drug, and Cosmetic Act. *See Risk Evaluation and Mitigation Strategies: REMS*, FDA (May 20, 2025), https://www.fda.gov/drugs/drug-safety-and-availability/risk-evaluation-and-mitigation-strategies-rems [https://perma.cc/QW63-4WUU].

shown that when mifepristone is taken in accordance with its approved conditions of use, serious adverse events are exceedingly rare."[15]

18. Today, medication abortion accounts for nearly two-thirds of all abortions in the United States.[16] A quarter of all U.S. abortions are provided via telemedicine with the prescription filled by mail from a provider or a pharmacy.[17]

The Campaign to Restrict Mifepristone Nationwide, Junk Science, and Defendant's "Complete Review" of Mifepristone

19. Medication abortion and its provision using telemedicine have become a significant target of anti-abortion activists, with much of abortion opponents' efforts to restrict access to abortion care throughout the country focusing on FDA's regulation of mifepristone. Shortly after the Supreme Court overruled *Roe v. Wade*, anti-abortion organizations and doctors brought a lawsuit seeking to challenge every FDA regulatory decision on mifepristone dating back to the drug's initial approval in 2000. After the Supreme Court held that those plaintiffs lacked Article III standing,[18] anti-abortion activists turned to the political arena, imposing pressure on politicians to eliminate access to care.

20. On April 28, Senator Josh Hawley wrote a letter to Commissioner Makary, criticizing the Commissioner for failing to reinstate restrictions on the provision of mifepristone.[19] On May 14, Secretary Kennedy stated at a Senate hearing, in response to questioning from Senator

---

[15] Brief for Petitioner at 2, *FDA v. All. for Hippocratic Med.*, 602 U.S. 367 (2024) (Nos. 23-235 and 23-236); *see also id.* at 23.
[16] *See* Jones & Friedrich-Karnik, *supra* note 1.
[17] *See* SOC'Y OF FAM. PLAN., #WECOUNT REPORT, APRIL 2022 TO DECEMBER 2024, at 1, 6 (2025), https://societyfp.org/wp-content/uploads/2025/06/WeCount-Report-9-December-2024-data.pdf [https://perma.cc/C2NP-638W].
[18] *See supra* note 2.
[19] *See* O'Connell-Domenech, *supra* note 7; Letter from Josh Hawley, Sen., to Martin A. Makary, Comm'r, FDA (Apr. 28, 2025), https://www.hawley.senate.gov/wp-content/uploads/2025/04/2025-04-28-Hawley-FDA-Letter-to-Makary.pdf [https://perma.cc/S46U-L5HR].

Hawley, that he had directed Commissioner Makary to undertake a review of FDA's regulations on mifepristone.[20] On June 2, Commissioner Makary confirmed in a letter to Senator Hawley that FDA's review of mifepristone is underway.[21] The ACLU was one of the first organizations to broadcast the news that FDA was undertaking a new review of its mifepristone regulations.[22]

21. The announcement of a complete review of the mifepristone regulations in the face of publicized political pressure has generated significant public interest and concern, given both the potential impact on access to this essential medication and the FDA's sudden about-face after previously defending its regulatory decisions.[23]

22. The circumstances surrounding FDA's current mifepristone review underscore the need for greater transparency. In recent years, the proliferation of "junk science" to support anti-abortion efforts to restrict mifepristone has been widely reported and remains a subject of significant public interest and concern, particularly as it implicates the integrity of FDA's regulatory process.[24]

---

[20] *See Hearing on HHS Budget*, *supra* note 3, at 1:48:15-1:51:00.
[21] *See* O'Connell-Domenech, *supra* note 7; Letter from Martin A. Makary, Comm'r, FDA, to Josh Hawley, Sen. (June 2, 2025). This assurance that FDA was conducting a review of mifepristone's safety was repeated in Secretary Kennedy and Commissioner Makary's September 19 letter to state Attorneys General seeking to enhance restrictions on mifepristone. *See* AG Letter, *supra* note 4.
[22] *See* Press Release, ACLU, Trump Administration Announces that FDA Will Consider Imposing Greater Restrictions on Medication Abortion Nationwide (May 14, 2025), https://www.aclu.org/press-releases/trump-administration-announces-that-fda-will-consider-imposing-greater-restrictions-on-medication-abortion-nationwide [https://perma.cc/U7XJ-SRK5].
[23] *See supra* note 7.
[24] *See, e.g.*, Keren Landman, *A Convenient Piece of Junk Science*, ATLANTIC (May 24, 2025), https://www.theatlantic.com/health/archive/2025/05/mifepristone-abortion-rfk-fda/682939/ [https://perma.cc/RZN6-3L7M]; Jessica Glenza, *Junk Science is Cited in Abortion Ban Cases. Researchers Are Fighting the 'Fatally Flawed' Works*, GUARDIAN (May 3, 2024), https://www.theguardian.com/world/2024/apr/28/junk-science-papers-abortion-cases [https://perma.cc/U9HK-LGRD]; Selena Simmons-Duffin, *Research at the Heart of a Federal Case Against the Abortion Pill Has Been Retracted*, NPR (Feb. 9, 2024), https://www.npr.org/sections/health-shots/2024/02/09/1230175305/abortion-pill-mifepristone-

23. And, as noted above, Secretary Kennedy has repeatedly indicated that FDA's review will center on EPPC's self-published, non-peer-reviewed paper purporting to undermine mifepristone's exceptional 25-year safety record,[25] notwithstanding the paper's critical flaws, which have been repeatedly documented by the medical and scientific community. For instance, as more than 260 expert reproductive health researchers have pointed out, the report "lack[s] basic information and disclosures that reputable studies provide for transparency and reproducibility," and "several claimed findings and conclusions appear to be based on errors and/or flawed assumptions drawn from the undisclosed data source and guided by an unnamed research team."[26] Given the absence of any peer review, the use of flawed criteria for serious adverse events, and lack of transparency around the EPPC paper's data sources and methodology —combined with the enormous political pressure on the agency to limit the public's access to mifepristone—there is urgent need for greater sunlight on materials relating to this paper and any communication among federal officials and/or between the agency and external parties relating to the paper.[27]

---

retraction-supreme-court [https://perma.cc/4MJJ-K4RN]; Melissa Quinn, *ACLU Warns Supreme Court that Lower Court Abortion Pill Decisions Relied on "Patently Unreliable Witnesses"*, CBS NEWS (Jan. 30, 2024), https://www.cbsnews.com/news/supreme-court-abortion-pill-aclu-lower-courts/ [https://perma.cc/ZAB2-MEG2]; Jack Resneck Jr., *Judge's Ruling on Mifepristone Has No Basis in Medical Science*, AM. MED. ASS'N (April 12, 2023), https://www.ama-assn.org/about/leadership/judge-s-ruling-mifepristone-has-no-basis-medical-science [https://perma.cc/5J7Z-EFL2].

[25] *See Hearing on HHS Budget*, *supra* note 3; *supra* note 5; *see also* CTR. FOR DRUG EVAL. & RSCH., FDA, *supra* note 11, at 12 (According to FDA, mifepristone's "efficacy and safety have become well-established by both research and experience, and serious complications have proven to be extremely rare").

[26] Upadhyay et al., Advancing New Standards in Reprod. Health, *supra* note 6, at 8.

[27] *See, e.g.*, Bendix, *supra* note 7; Landman, *supra* note 24; Glenn Kessler, *Digging into the Math of a Study Attacking the Safety of the Abortion Pill*, WASH. POST (May 12, 2025), https://www.washingtonpost.com/politics/2025/05/12/abortion-pill-medication-abortion-study-mifepristone/ [https://perma.cc/2Y75-KD8D]; Letter from Society of Family Planning to Martin Makary, Comm'r, FDA 1 (May 2, 2025), https://societyfp.org/wp-content/uploads/2025/05/SFP-Letter-to-Commissioner-Makary_5.2.2025.pdf [https://perma.cc/C2FN-FNQQ].

ACLU's FOIA Request and FDA's Non-Response

24. The ACLU submitted its FOIA Request to FDA on August 1, 2025, citing the urgent need to inform the public about FDA's activities regarding mifepristone—a topic directly relating to the integrity of drug regulation, a core government activity that impacts millions of people nationwide, and a topic of great interest to the media, legislators, advocacy groups, potential users of mifepristone, and the public broadly.

25. As set forth in Exhibit A, the Request sought, *inter alia*, for dates between January 19, 2025, and the final date of any search:

> *First*, records concerning the parameters of any formal or informal "review" of mifepristone considered or initiated after January 19, 2025, including records addressing or referring to the basis for such a review and/or changes to the mifepristone labeling and/or REMS[28] and;
>
> *Second*, communications relating to mifepristone after January 19, 2025, between FDA and, *inter alia*, prominent anti-abortion organizations, state and federal officials and politicians, and any other entity requesting greater restrictions on mifepristone.[29]

26. The ACLU requested expedited processing on the grounds that there is an "urgency to inform the public concerning actual or alleged Federal Government activity" and the request is made by an organization "primarily engaged in disseminating information." 5 U.S.C. § 552(a)(6)(c)(v)(II). The ACLU also requested waiver of any fees associated with responding to the Request pursuant to 5 U.S.C. § 552(a)(4)(A).

---

[28] *See supra* note 14.

[29] Indeed, since then, Secretary Kennedy has publicly indicated that communications with the White House may provide further insight into FDA's action. *See, e.g.*, *Hearing on The President's 2026 Health Care Agenda*, 119th Cong., at 02:09:05-2:13:39 (2025), https://www.finance.senate.gov/hearings/the-presidents-2026-health-care-agenda (statement of Robert F. Kennedy Jr., Sec'y, U.S. Dep't of Health & Hum. Servs.).

27. It is urgent and essential that there be greater transparency around any relevant communications between FDA and interested parties to inform the public *before* FDA takes significant regulatory action on mifepristone, particularly when those regulatory changes are potentially driven and justified by material that is widely understood to be scientifically unsound.[30]

28. Shortly following the submission of the August 1 Request on FDA's FOIA Submission Site, the ACLU received an automated response acknowledging receipt of the Request and providing the reference number FDA25116045. A true and correct copy of this acknowledgement is attached as Exhibit B.

29. In an email dated August 7, 2025, Sara M. Ashton, an FDA FOIA officer, emailed Julia Kaye, a signatory on ACLU's August 1 Request, seeking additional details about the communications requested at parts (d) and (e) on page five of ACLU's Request.

30. In an email dated August 8, Ms. Kaye provided the requested information and asked for confirmation of receipt. After receiving no confirmation, Ms. Kaye emailed Ms. Ashton on August 18, again seeking confirmation of receipt of ACLU's response to the August 7 email. On September 8, Ms. Ashton responded confirming receipt of Ms. Kaye's August 8 email. A true and correct copy of the email exchange between Ms. Kaye and Ms. Ashton is attached as Exhibit C.

31. Since September 8, the ACLU has received no further communication from the FDA regarding this request, either before or since the government shutdown.

32. As of the date of this Complaint, Defendant has failed to (a) notify Plaintiff of any determination regarding its FOIA request, including the scope of any responsive records FDA intends to produce or withhold and the reasons for any withholding; or (b) produce the requested records or demonstrate that the requested records are lawfully exempt from production.

[30] *See supra* note 6.

33. Defendant failed to respond to the ACLU's request for expedited processing within 10 days, and more than 20 days have elapsed since Plaintiff filed the Request. Plaintiff has therefore exhausted all administrative remedies. *See* 5 U.S.C. §552(a)(6)(C)(i).

CAUSES OF ACTION

34. Defendant's failure to promptly make available the records sought by the Request violates FOIA, 5 U.S.C. § 552(a)(3)(A), and Defendant's corresponding regulations.

35. Defendant's failure to conduct an adequate search for records responsive to the Request violates FOIA, 5 U.S.C. § 552(a)(3)(C), (D), and Defendant's corresponding regulations.

36. Plaintiff is entitled to a waiver of all search, review, processing, and duplication fees in connection with the Request, and Defendant's failure to grant Plaintiff's request for waiver and limitation of fees violates FOIA, 5 U.S.C. § 552(a)(4)(A), and Defendant's corresponding regulations.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff asks this Court to GRANT the following relief:

1. Order that Defendant shall conduct adequate searches for records responsive to the Request;

2. Order that Defendant shall produce all requested records forthwith or, alternatively, on an expedited schedule established by the Court;

3. Enjoin Defendant from charging Plaintiff search, review, processing, and duplication fees in connection with responding to the Request;

4. Award Plaintiff costs and reasonable attorneys' fees in the action; and

5. Grant such other relief as the Court may deem just and proper.

Dated: November 13, 2025

Respectfully submitted,

/s/David Rocah

David Rocah (Fed. Bar No. 27315)
American Civil Liberties Union of Maryland Foundation
3600 Clipper Mill Road, Suite 200
Baltimore, MD 21211
Telephone: (410) 889-8555
Fax: (410) 366-7838
rocah@aclu-md.org

Rachel Reeves*
American Civil Liberties Union Foundation
915 15th Street NW
Washington, DC 20005
Telephone: (212) 549-2633
Fax: (212) 549-2650
rreeves@aclu.org

Julia Kaye*
Whitney White*
Alexa Kolbi-Molinas*
American Civil Liberties Union Foundation
125 Broad Street, Floor 18
New York, NY 10004
Telephone: (212) 549-2633
Fax: (212) 549-2650
jkaye@aclu.org
wwhite@aclu.org
akolbi-molinas@aclu.org

Lorie Chaiten*
American Civil Liberties Union Foundation
1640 North Sedgwick Street
Chicago, IL 60614
Telephone: (212) 549-2633
Fax: (212) 549-2650
lchaiten@aclu.org

* *Pro hac vice* application forthcoming