

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO**

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Case Number: CNC-18-553969

Filing Date: Jun-12-2018 2:27

Filed by: NEYL WEBB

Image: 06372653

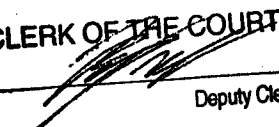
PETITION FOR CHANGE OF NAME AND GENDER

IN RE: DARRYL RAYMOND MCADAMS II

001C06372653

Instructions:

Please place this sheet on top of the document to be scanned.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Darryl McAdams 33 Harriet Street, Apt. 1 San Francisco, CA 94103 TELEPHONE NO.: 954-612-7547 FAX NO.: ATTORNEY FOR (Name):		FOR COURT USE ONLY <h1 style="margin: 0;">FILED</h1> San Francisco County Superior Court JUN 12 2018 CLERK OF THE COURT BY:  Deputy Clerk	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Civic Center Courthouse		CASE NAME: In re: Darryl McAdams	
CIVIL CASE COVER SHEET <input checked="" type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less)		Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)	
		CASE NUMBER: CNC-18-553969 JUDGE: DEPT:	

Items 1-6 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	Contract <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20) Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input checked="" type="checkbox"/> Other petition (not specified above) (43)
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2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- | | |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties | d. <input type="checkbox"/> Large number of witnesses |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence | f. <input type="checkbox"/> Substantial postjudgment judicial supervision |
3. Remedies sought (check all that apply): a. ☐ monetary b. ☒ nonmonetary; declaratory or injunctive relief c. ☐ punitive
4. Number of causes of action (specify): **1**
5. This case ☐ is ☒ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date: **6/12/2018**

Darryl McAdams
(TYPE OR PRINT NAME)


(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

Page 1 of 2

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): STATE BAR NO: NAME: <u>Darryl McAdams</u> FIRM NAME: STREET ADDRESS: <u>33 Harriet Street, Apt 1.</u> CITY: <u>San Francisco</u> STATE: <u>CA</u> ZIP CODE: <u>94103</u> TELEPHONE NO.: <u>954-612-7547</u> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):		<div style="text-align: center;"> <h1>FILED</h1> <p>San Francisco County Superior Court</p> <p>JUN 12 2018</p> <p>CLERK OF THE COURT</p> <p>BY: <u>[Signature]</u> Deputy Clerk</p> </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: <u>400 McAllister St.</u> MAILING ADDRESS: CITY AND ZIP CODE: <u>San Francisco, CA 94102</u> BRANCH NAME: <u>Live Center Carthouse</u>		
PETITION OF (Name): <u>In re: Darryl McAdams</u>		
PETITION FOR CHANGE OF NAME AND GENDER		CASE NUMBER: CNC-18-553969

Before you complete this petition, you should read the Instructions for Filing a Petition for Change of Name and Gender on the next page. You must answer all questions and check all boxes that apply to you on this petition. You must file this petition in the superior court of the county where the person whose name is to be changed resides.

- Petitioner (present name): Darryl ^{Raymond} McAdams II is a resident of this county.
- Petitioner requests that the court decree that petitioner's name is changed to (proposed name): Rebecca Valentine
- Petitioner requests a decree that the petitioner's gender is changed:
 - ☒ from male to female.
 - ☐ from female to male.
- An affidavit or a declaration of a physician documenting the gender change through clinically appropriate treatment as provided under Health and Safety Code sections 103425 and 103430 is attached to this petition. (Declaration of Physician (form NC-210) may be used for this purpose.)
- Petitioner requests that the court order that a new birth certificate be issued reflecting the gender and name changes sought by this petition.
- Petitioner requests that the court issue an order directing all interested persons to appear and show cause why the petition for change of name should not be granted.
- Petitioner provides the following information in support of this petition:
 - The information contained in the physician's affidavit or declaration.
 - The information contained in the attachment (attach a completed copy of the attachment Name and Information About the Person Whose Name Is to Be Changed (form NC-110)).

(Instructions on next page)

Page 1 of 2

PETITION OF (Name of petitioner or petitioners):

Darryl McAdams

CASE NUMBER:

FOR CHANGE OF NAME

NAME AND INFORMATION ABOUT THE PERSON
WHOSE NAME IS TO BE CHANGED

Attachment 1 of 1

Attachment to Petition (form NC-100 or form NC-200)

(You must use a **separate** attachment for **each** person whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (form NC-110G), must also be completed and attached for each minor whose name is to be changed.)

7. (Continued) Petitioner applies for a decree to change the name of the following person:

b. ☒ Self ☐ Other

(1) Present name (specify): Darryl McAdams

(2) Proposed name (specify): Rebecca Valentine

(3) Born on (date of birth): 3/10/1986

and presently ☐ under 18 years of age ☒ over 18 years of age

(4) Born at (place of birth):

(5) Sex (as stated on original birth certificate): ☒ Male ☐ Female

(6) Current residence address (street, city, county, and zip code):

33 Harriet Street, Apt 1, San Francisco, CA 94103

c. Reason for name change (explain):

Better match for my identity

d. Relationship of the petitioner to the person whose name will be changed:

(1) ☒ self(4) ☐ near relative (indicate relationship):(2) ☐ parent(5) ☐ Other (specify):(3) ☐ guardian

e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:

(1) Father (name):

(address):

(2) Mother (name):

(address):

(3) (Only if neither parent is living) Near relatives (names, relationships, and addresses):

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

DECLARATION

I declare under penalty of perjury under the laws of the State of California that ☒ I am not ☐ I am under the jurisdiction of the California Department of Corrections (in state prison or on parole) and ☐ I am not ☐ I am required to register as a sex offender under Penal Code section 290.

Date: 6/12/2018

Darryl McAdams

(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)



(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

(If petitioner is represented by an attorney, the attorney's signature follows):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date: 6/12/2018

Darryl McAdams

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

☐ ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS☐ SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT

PETITION OF (Name):

DARRYL MCADAMS

CASE NUMBER:

Page ____ of ____

**DECLARATION OF PHYSICIAN
DOCUMENTING CHANGE OF GENDER THROUGH CLINICALLY APPROPRIATE TREATMENT
UNDER HEALTH AND SAFETY CODE SECTIONS 103425 AND 103430**

Attachment to *Petition for Change of Name and Gender* (form NC-200) or *Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-300)

Re: McAdams, Darryl (DOB: 03/10/1986)

To Whom It May Concern:

I, Ryan Nick Gorton, am a physician licensed to practice medicine in the state of California. Darryl is a patient at Lyon-Martin Health Services with whom I have a doctor-patient relationship. Darryl was evaluated on April 17, 2018 for gender marker change.

I have reviewed and evaluated her medical history and attest that Darryl has completed appropriate clinical treatment for the purpose of gender transition to female.

I declare that the foregoing declaration is true and correct to the best of my knowledge under penalty of perjury under the laws of the state of California and the United States of America, sworn on this day, Wednesday, May 30, 2018, in San Francisco, CA. Please feel free to contact me at the number listed below to verify authorship of this letter.

Sincerely,

Calvin Gilbert, NP
CA Lic: NP95007414
DEA: MG4485327
NPI: 1992228308

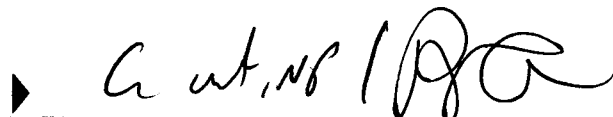
Ryan Nick Gorton, MD
CA Lic: A89440
DEA: BG7811664
NPI: 1124136650

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing declaration is true and correct.

Date: 5/30/2018

Calvin Gilbert, NP/Ryan Nick Gorton, MD

(TYPE OR PRINT NAME OF PHYSICIAN)



(SIGNATURE OF PHYSICIAN)

May 30, 2018

Re: McAdams, Darryl (DOB: 03/10/1986)

To Whom It May Concern:

I, Ryan Nick Gorton, am a physician licensed to practice medicine in the state of California. Darryl is a patient at Lyon-Martin Health Services with whom I have a doctor-patient relationship. Darryl was evaluated on April 17, 2018 for gender marker change.

I have reviewed and evaluated her medical history and attest that Darryl has completed appropriate clinical treatment for the purpose of gender transition to female.

I declare that the foregoing declaration is true and correct to the best of my knowledge under penalty of perjury under the laws of the state of California and the United States of America, sworn on this day, Wednesday, May 30, 2018, in San Francisco, CA. Please feel free to contact me at the number listed below to verify authorship of this letter.

Sincerely,



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CA Lic: NP95007414
DEA: MG4485327
NPI: 1992228308



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CA Lic: A89440
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NPI: 1124136650