

CAUSE NO. 2026-35830

ANNELISE CAMP, AN INCAPACITATED
PERSON, AND JOY CAMP AND
JOHNSTON CAMP, AS NEXT OF KIN
ON HER BEHALF,

Plaintiffs,

v.

TEXAS CHILDREN’S HOSPITAL and
TEXAS CHILDREN’S HOSPITAL WEST
CAMPUS and DR. MONA
KARIMULLAH, M.D.,

Defendants.

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

164th JUDICIAL DISTRICT

**DEFENDANTS’ TRADITIONAL MOTION
FOR SUMMARY JUDGMENT AND REQUEST FOR ORAL HEARING**

Pursuant to Texas Rule of Civil Procedure 166a(b) and 166a(h)(2), Defendants Texas Children’s Hospital (“TCH”) and Dr. Mona Karimullah (“Dr. Karimullah”) (collectively, “Defendants”)¹ file this Traditional Motion for Summary Judgment and Request for Oral Hearing² (the “Motion”) seeking dismissal of Plaintiffs Annelise Camp, an Incapacitated Person (“Annelise”), and Joy Camp and Johnston Camp, as Next of Kin on Her Behalf (collectively, “Plaintiffs”)’ claims against Defendants. Defendants seek traditional summary judgment for the following two reasons:

¹ Plaintiffs also named Texas Children’s Hospital West Campus (“TCH West Campus”) as a defendant in this action. But TCH West Campus is a “DBA,” or “doing business as,” for TCH. Because TCH West Campus is not an independent entity, the only defendants in this action are TCH and Dr. Karimullah. However, out of an abundance of caution and subject to the objection above, Defendants also file this motion on behalf of TCH West Campus.

² See TEX. R. CIV. P. 166a(b)(2)(B) (“If a movant requests an oral hearing on the motion, the request must appear in the title of the motion.”).

1. Plaintiffs' claims are moot because there is no dispute that Annelise is no longer in Defendants' care and has passed away.
2. Even if Plaintiffs' claims were not moot, Plaintiffs' claims nonetheless fail on the merits.

SUMMARY OF ARGUMENT

When Plaintiffs filed this lawsuit on May 28, 2026, two-year-old Annelise was hospitalized at TCH West Campus following a tragic drowning incident. See Pl.'s Verified Original Pet. and Appl. for TRO and Inj. Relief at 3 (filed May 28, 2026) ("Plaintiffs' Orig. Pet."). Plaintiffs, alleging that Defendants intended to remove Annelise from life-sustaining treatment and to conduct brain-death testing on Annelise, requested a temporary restraining order ("TRO") and a temporary injunction against Defendants. *Id.* at 3, 6-7. Defendants also sought "additional recovery time" for Annelise, "a second opinion from a neurologist not affiliated with Defendant[s]," and a transfer to another facility. *Id.* at 6-7. Plaintiffs later amended their petition to assert new claims for declaratory relief and violations of 42 U.S.C. § 1983 ("Section 1983") and added a new request for permanent injunctive relief. Pl.'s Verified First Am. Original Pet. and Appl. for TRO and Injunctive Relief (filed June 10, 2026) ("Amended Petition" or "Plaintiffs' Am. Pet.") at 5-6, 8. Like the claims in Plaintiffs' Original Petition, Plaintiffs' new claims were contingent upon Annelise being a patient of Defendants and in Defendants' care.

But Annelise was no longer Defendants' patient or otherwise in Defendants' care as of June 24, 2026, and Annelise passed away on August 3, 2026. Specifically, on June 24, 2026, a Louisiana hospital agreed to accept Annelise, and Annelise was discharged and transferred from TCH West Campus to the Louisiana hospital that day. Defendants have subsequently learned that Annelise passed away on August 3, 2026. Accordingly, the actions Plaintiffs sought to prevent—the removal of life-sustaining treatment for Annelise and performance of confirmatory brain-death testing—did not and cannot occur. Furthermore, Plaintiffs' request to have Annelise transferred

from TCH West Campus to another medical facility cannot be ordered because Annelise already left Defendants' care. And there is no longer any need for Plaintiffs to obtain "additional recovery time" or a second opinion given that Annelise is no longer hospitalized at TCH West Campus, is no longer being treated by Defendants, and has passed away.

Because Annelise is not and can no longer be Defendants' patient or otherwise in Defendants' care, Plaintiffs' claims are moot and, as a result, not justiciable. This Court must dismiss Plaintiffs' now-moot claims because any resolution of Plaintiffs' claims would constitute an advisory opinion, which Texas law prohibits. Moreover, even if Plaintiffs' claims were not moot, Plaintiffs' claims nonetheless fail as a matter of law. Consequently, Defendants' traditional motion for summary judgment should be granted in full, and Plaintiffs' claims should be dismissed with prejudice.

**NOTICE OF EVIDENCE IN SUPPORT OF MOTION FOR
FINAL SUMMARY JUDGMENT³**

Defendants intend to rely on the following evidence in support of their Motion:

- Exhibit "A" Defendants' Texas Children's Hospital and Dr. Mona Karimullah's Response to Plaintiffs' Application for Temporary Injunctive Relief (filed June 10, 2026)
- Exhibit "B" Excerpts from Transcript of June 11, 2026 Temporary Injunction Hearing
- Exhibit "C" Declaration of Brian Stanford
- Exhibit "D" Kaitlyn Ma, *Houston Area Toddler at Center of Fight Over Brain Death Testing Has Died*, The Texas Tribune (Aug. 7, 2026)

³ To the extent this Motion cites or relies upon pleadings or other documents filed in this litigation, Defendants respectfully request that this Court take judicial notice of those pleadings. See, e.g., TEX. R. EVID. 201(b); *Fajkus v. First Nat'l Bank of Giddings*, 735 S.W.2d 882, 887 (Tex. App.—Austin 1987, writ denied) ("A trial court may take judicial notice of court records, but only in the same or a closely related case."); see also TEX. R. CIV. P. 166a(j)(2) ("Evidence may be produced by reference by making a specific reference to it and where it may be found in the court's file.").

(<https://www.texastribune.org/2026/08/07/texas-brain-death-testing-annelise-camp/>)

- Exhibit “E” Ahmed Humble, *Houston Toddler Annelise Camp Dies After Months-Long Brain Death Battle*, Houston Chronicle (Aug. 6, 2026) (<https://www.chron.com/news/houston-texas/article/annelise-camp-houston-life-support-22373332.php>)
- Exhibit “F” *A 2-Year Old at the Center of a Texas Brain-Death Dispute is Taken Off Life Support and Dies*, Associated Press News (Aug. 7, 2026) (<https://apnews.com/article/annelise-camp-braindead-toddler-lawsuit-drowning-0996a4b6a03c82ced73fc2322c6e536f>)

Copies of the above documents or relevant excerpts therefrom have been filed contemporaneously with this Court as exhibits to Defendants’ Motion.

FACTUAL BACKGROUND

I. Annelise Is Hospitalized at TCH West Campus Following a Drowning Event

On May 25, 2026, two-year-old Annelise was found unresponsive in a swimming pool. *See* Plaintiffs’ Am. Pet. 3. Paramedics arrived on the scene and began performing CPR on Annelise, who was transported to TCH West Campus. *Id.* Annelise was admitted to TCH West Campus’s pediatric intensive care unit. Defs. Texas Children’s Hospital and Dr. Mona Karimullah’s Resp. to Pl.’s Appl. for Temporary Injunctive Relief (“Defendants’ TI Response”) at 4 (filed June 10, 2026) (Exhibit “A”) (citing R004, R009⁴).

Annelise was diagnosed with, among other things, cardiac arrest due to drowning and acute respiratory failure with hypoxia and hypercapnia.⁵ *Id.* at 5 (citing R001). Findings from a May

⁴ Citations to “R. ____” are to the Bates-labeled pages of Annelise’s medical records attached as Exhibit 1 to the June 10, 2026 Declaration of Brian Stanford, which was attached as Exhibit “A” to Defendants’ TI Response.

⁵ Hypoxia is “inadequate oxygen to keep the cells functioning” and “leads to cell death.” 2 Attorneys Medical Deskbook § 24:20 (Dec. 2025); *see also Hypoxia*, Stedman’s Medical

25, 2026 CT scan of Annelise’s head were “concerning for diffuse edema secondary to diffuse ischemic injury.” *Id.* at 4 (quoting R061). Continuous electroencephalogram (“EEG”) monitoring—monitoring that is used to record brain activity over a certain period of time⁶—was performed on Annelise from May 25, 2026, to May 30, 2026, and the results showed “no definite cerebral EEG activity.” *Id.* at 5 (citing R014, R021-23, R024, R027-59).

Two days after Annelise was admitted to TCH West Campus, a neurologist examined Annelise and reviewed her CT scan results and EEG. *Id.* (citing R015-19). The neurological exam was “without evidence of brainstem reflexes or purposeful movements in response to noxious stimuli.” *Id.* (citing R019). The consulting neurologist also observed that there was “no detectable cerebral activity and no reactivity” in the EEG. *Id.* (citing R019). These findings, the neurologist concluded, “suggest[ed] permanent, irreversible brain damage due [to] injury from lack of oxygen.” *Id.* (citing R019).

II. Plaintiffs File This Lawsuit Seeking to Transfer Annelise Elsewhere and Prevent Brain-Death Testing

On May 28, 2026, Plaintiffs—Annelise and her parents, Joy and Johnston Camp, “as Next of Kin on her Behalf”—filed the present action against Defendants. *See generally* Plaintiffs’ Orig. Pet. Notably, Plaintiffs’ petition failed to allege *any* causes of action against Defendants. *See id.*

Dictionary (2014) (defining “hypoxia” as the “[d]ecrease below normal levels of oxygen in inspired gases, arterial blood, or tissue, without reaching anoxia”).

“Hypercapnia” is a heightened amount of carbon dioxide in the blood. *See Hypercapnia*, Stedman’s Medical Dictionary (2014); *Hypercapnia*, Taber’s Medical Dictionary Online (last visited July 23, 2026), <https://www.tabers.com/tabersonline/view/Tabers-Dictionary/762905/all/hypercapnia>.

⁶ *See Continuous Electroencephalography*, Attorneys’ Medical Dictionary of Medicine (2025) (defining “continuous electroencephalography” to mean “[a] *continuous* recording of electrical activity of the brain. It is most often used in monitoring brain function in comatose individuals” (emphasis added)).

Instead, Plaintiffs' petition merely sought temporary injunctive relief based on allegations that Annelise's "medical treatment, including all Life-Sustaining Treatment" was going to be discontinued on the morning of May 29, 2026. *Id.* at 3. Plaintiffs requested a TRO "restraining Defendants, their contractors, subcontractors, agents, servants, employees, experts and/or those acting in concert with them from refusing to provide life-sustaining treatment to Plaintiff." *Id.* at 7. Additionally, Plaintiffs requested that the Court enter a temporary injunction prohibiting "Defendant, [sic] their physicians, contractors, subcontractors, agents, servants, employees, experts and/or those acting in concert with them from refusing to provide life-sustaining treatment to Plaintiff while this Court resolves this dispute." *Id.* at 7-8.

On May 29, 2026, this Court granted Plaintiffs' request for a TRO without notice to Defendants. *See* TRO (signed May 29, 2026). The TRO prohibited Defendants, "their contractors, subcontractors, agents, servants, employees, experts and/or those acting in concert with them from refusing to provide life-sustaining treatment to Plaintiff, specifically but not limited to, preventing any brain death testing." *Id.* at 1-2. The TRO also ordered Defendants to "be cited to appear and show cause" and set a temporary-injunction hearing for June 11, 2026, at 11:00 a.m. in this Court. *Id.* at 2.

Plaintiffs and Defendants subsequently entered into a binding Rule 11 agreement, which was filed with this Court on May 29, 2026. *See* Rule 11 Agreement (filed May 29, 2026). The parties' Rule 11 agreement modified the Court's TRO to provide that:

1. At 9:00 a.m. on Friday, June 5th 2026, or as soon as thereafter as all clinical criteria for testing are met, Testing for Death by Neurological Criteria will begin on Annelise Camp.
2. Once Testing for Death by Neurological Criteria has been initiated on Annelise Camp, it will be fully completed, including all confirmatory tests, on the schedule deemed medically appropriate by the attending physician and/or physician staff caring for Annelise Camp.

3. Between the time of this agreement and 9:00 a.m. Friday June 5th 2026, Texas Children's Hospital will provide all reasonable cooperation with and support for Joy Camp's and Johnston Camp's efforts to obtain a medical transfer of Annelise Camp, provided that the facility selected for transfer by Joy Camp and Johnston Camp is both medically appropriate for Annelise Camp and willing to voluntarily accept Annelise Camp as a transfer patient.
4. Irrespective of the documented results of the fully completed Testing for Death by Neurological Criteria referenced in subpoints 1 and 2 above, there will be no change in the supportive care provided to Annelise Camp by Texas Children's Hospital before a Court ruling on plaintiffs' request for temporary injunction, provided the temporary injunction hearing goes forward at or before 11:00 am June 11, 2026 as scheduled by the trial court.

Id. at 1.

III. TCH Supports and Facilitates Plaintiffs' Transfer Efforts and Does Not Complete Brain-Death Testing

Consistent with the parties' Rule 11 agreement, TCH made "no change in the supportive care" provided to Annelise. *See* Rule 11 Agreement at 1; *see also* Excerpts from Transcript of June 11, 2026 Temporary Injunctive Hearing at 23:15-17 (Exhibit "B") (Plaintiff Johnston Camp, Annelise's father, noting that "Texas Children's has done a great job of" providing care). TCH also supported and facilitated Plaintiffs' efforts to obtain a transfer of Annelise to a medically appropriate facility, including by contacting at least 36 different facilities. *See* Decl. of Brian Barnett in Support of Defs. Texas Children's Hospital and Dr. Mona Karimullah's Resp. to Pl.'s Emergency Mot. to Stay Enforcement of the Rule 11 Agreement at 1-2 (filed June 9, 2026). 35 of those facilities declined to accept Annelise's transfer, and the lone facility at which a transfer request remained pending could not consider Annelise as a potential transfer without having death by neurologic criteria test results—the very testing that Plaintiffs sought to prevent Defendants from conducting. *Id.* at 2. Additionally, following a telephone conference initiated by the family on the afternoon of June 8, 2026, a second, separate formal transfer request was made to a

medically appropriate facility which had already denied a formal physician-to-physician request to transfer. *Id.* That facility again declined to accept Annelise’s transfer. *Id.*

Shortly after 11 p.m. CDT on June 4, 2026—just 10 hours before the agreed brain-death testing was to begin—Plaintiffs filed an Emergency Motion to Stay Enforcement of the Rule 11 Agreement, requesting “some time” to find a physician to provide a second opinion, seek out alternative treatments, and find a hospital to accept Annelise’s transfer. *See* Pls.’ Emergency Mot. to Stay Enforcement of the Rule 11 Agreement at 4 (filed June 4, 2026); *see also* Pls.’ Supp. to Emergency Mot. to Stay Enforcement of the Rule 11 Agreement (filed June 5, 2026) (supplement to motion). In response, Defendants stressed that there would be “no change in the supportive care” provided to Annelise and that the Rule 11 agreement simply allowed Defendants to perform **testing** for death by neurological criteria. *See* Defs. Texas Children’s Hospital and Dr. Mona Karimullah’s Resp. to Pl.’s Emergency Mot. to Stay Enforcement of the Rule 11 Agreement at 2, 7 (filed June 5, 2026) (emphasis omitted). This Court granted Plaintiffs’ motion and stayed the Rule 11 Agreement’s enforcement “until the expiration of the Temporary Restraining Order, . . . or until further order of th[e] Court.” *See* Order (signed June 8, 2026).

On the evening of June 10, 2026, less than twenty-four hours before the scheduled temporary-injunction hearing, Plaintiffs filed their Amended Petition. *See generally* Plaintiffs’ Am. Pet. In their Amended Petition, Plaintiffs asserted new claims for declaratory relief and violations of Section 1983 and added a new request for permanent injunctive relief. *Id.* at 5-6, 8. Like the claims in Plaintiffs’ Original Petition, Plaintiffs’ new claims were contingent upon Annelise being a patient of Defendants and in Defendants’ care. *See id.* at 5-10.

Specifically, in their new claims, Plaintiffs sought a declaratory judgment that “Texas Children’s actions and planned discontinuance of Annelise’s life-sustaining treatment by pursuing

the brain death testing without satisfying the Texas Health & Safety Code infringes upon her right to due process.” *Id.* at 5. Plaintiffs also asserted that they suffered a denial of “their due process rights of having an ethics committee meeting and attending that meeting before the brain death testing occurs and possible life sustaining treatment is removed.” *Id.* Regarding their new Section 1983 claim, Plaintiffs alleged that “Texas Children’s ha[d] deprived Annelise of her right to due process of law.” *Id.* at 6. Plaintiffs, however, did not seek nominal damages under Section 1983 and expressly disclaimed any request for “economic damages” in their Amended Petition. *See id.* at 1-2, 6, 9-10. Finally, Plaintiffs requested a permanent injunction “enjoining Cook⁷ [sic] from conducting brain death testing and withdrawing life- sustaining treatment pursuant to Texas Health & Safety Code § 166.046.” *Id.* at 8-9.

IV. Annelise is Successfully Transported to Another Hospital and Subsequently Passes Away

This Court held a hearing on Plaintiffs’ application for temporary injunctive relief on the morning of June 11, 2026.⁸ *See* TRO at 2; Exhibit “B.” That same day, the Court ruled on Plaintiffs’ application for temporary injunctive relief. *See* Order on Pls.’ Appl. for Temporary

⁷ It is unclear who “Cook” is. Defendants assume for purposes of this Motion that Plaintiffs’ reference to “Cook” is an error associated with Plaintiffs’ citation of *T.L. v. Cook Children’s Medical Center*, 607 S.W.3d 9 (Tex. App.—Fort Worth 2020, pet. denied). *See* Plaintiffs’ Am. Pet. 7-8.

⁸ At 9:43 a.m. on June 11, 2026 (just prior to the start of the hearing above), TCH and Dr. Karimullah filed a verified motion to continue the temporary-injunction hearing based on Plaintiffs’ filing of their Amended Petition the night before. *See* Defs. Texas Children’s Hospital and Dr. Mona Karimullah’s Verified Mot. for Continuance (filed June 11, 2026). This Court denied Defendants’ continuance motion. *See* Order on Defs. Texas Children’s Hospital and Dr. Mona Karimullah’s Verified Mot. for Continuance (filed June 11, 2026).

During the temporary-injunction hearing, the Court declined to consider Plaintiffs’ Amended Petition and instead considered the Original Petition. *See* Exhibit “B” at 9:23-25 (“[A]s far as the Court is concerned, at this moment in time, there is no amended petition that has been filed.”); *id.* at 10:20-23 (“Two things: One, the amended petition is not before the Court. Two, your motion is not before the Court. So neither one will be considered in reference to this TI.”).

Injunctive Relief (signed June 11, 2026) (the “June 11 Order”). Specifically, the Court ordered that:

1. The Plaintiffs’ request for an extension of time to try and find a facility for their incapacitated child is GRANTED. Said time to find a hospital to transfer the incapacitated child will, however, not exceed two (2) weeks from the signing of this ORDER.
2. After the expiration of the two week period if no facility has consented to the transfer of the incapacitated child, then it is ORDERED that the Defendants will utilize their best medical judgment in the interest of the child, up to and including, the utilization of the Brain Death Test.

Id. at 1. The Court further “ORDERED, ADJUDGED, and DECREED that all care currently administered to the incapacitated child will continue without interruption until the expiration of the two week period after which the Defendants Texas Children’s Hospital, Texas Children’s Hospital West Campus, and Dr. Mona Karimullah, M.D. and all agents or assigns affiliated therewith may decide what is in the best interest of the child in accordance to its policies, including administering the Brain Death Test.” *Id.* at 2. Finally, the Court “ORDERED that the matters brought before th[e] Court in reference to the incapacitated child are confidential and are to remain so under penalty of sanctions by the Court.” *Id.*

After this Court entered the June 11 Order, TCH continued to support Plaintiffs’ efforts to have Annelise transferred to another hospital. *See, e.g.*, Exhibit “C,” Exhibit 1 at Supp.R005,⁹ Supp.R007, Supp.R010-12. Annelise continued receiving full supportive care, *see* Supp.R005, and confirmatory brain-death testing was never performed, *see* Supp.R006. On June 23 or 24, 2026, a Louisiana hospital accepted Annelise as a transfer patient. Supp.R005, Supp.R007. Annelise was discharged from TCH West Campus at 5:27 p.m. on June 24, 2026. *See*

⁹ Citations to “Supp.R___” are to the Bates-labeled excerpts from Annelise’s medical records attached to the July 23, 2026 Declaration of Brian Stanford, which is attached as Exhibit “C” to this Motion.

Supp.R001-03. On August 3, 2026, Annelise passed away.¹⁰ In light of Annelise's June 24 transfer and her subsequent death, there can be no dispute that Annelise is not and can no longer be a patient of Defendants or in Defendants' care.

SUMMARY JUDGMENT STANDARD

Under Texas law, this Court “**must grant** a traditional summary judgment if the movant shows that, except as to the amount of damages, [1] there is no genuine issue as to any material fact and [2] the movant is entitled to judgment as a matter of law on the issues expressly set out in the motion.” TEX. R. CIV. P. 166a(h)(2) (emphasis added); *see also* TEX. R. CIV. P. 166a(a)(1). A traditional motion for summary judgment can be filed “at any time after the nonmovant has appeared or answered.” TEX. R. CIV. P. 166a(b)(3)(A).

When a defendant seeks traditional summary judgment on a plaintiff's claims, the defendant “must disprove at least one of the essential elements of the plaintiff's causes of action.” *Elliott-Williams Co. v. Diaz*, 9 S.W.3d 801, 803 (Tex. 1999). Put differently, the defendant-movant must “conclusively negate[]” an essential element of a cause of action.

¹⁰ See Kaitlyn Ma, *Houston Area Toddler at Center of Fight Over Brain Death Testing Has Died*, The Texas Tribune (Aug. 7, 2026) (<https://www.texastribune.org/2026/08/07/texas-brain-death-testing-annelise-camp/>) (Exhibit “D”); Ahmed Humble, *Houston Toddler Annelise Camp Dies After Months-Long Brain Death Battle*, Chron (Aug. 6, 2026) (<https://www.chron.com/news/houston-texas/article/annelise-camp-houston-life-support-22373332.php>) (Exhibit “E”); *A 2-Year Old at the Center of a Texas Brain-Death Dispute is Taken Off Life Support and Dies*, AP News (Aug. 7, 2026) (<https://apnews.com/article/annelise-camp-braindead-toddler-lawsuit-drowning-0996a4b6a03c82ced73fc2322c6e536f>) (Exhibit “F”).

Defendants respectfully request that this Court take judicial notice of the fact that Annelise died on August 3, 2026. *See* TEX. R. EVID. 201(b); *In re Est. of Hemsley*, 460 S.W.3d 629, 639 (Tex. App.—El Paso 2014, pet. denied) (taking judicial notice of obituary in the El Paso Times providing details regarding funeral service and interment and the fact that decedent's burial was “widely reported on local, state, and national news”); *Hudson v. Markum*, 931 S.W.2d 336, 337 n.1 (Tex. App.—Dallas 1996, no writ) (taking judicial notice of death and funeral announcements in the Dallas Morning News).

Laboratory Corp. of Am. Holdings v. State, --- S.W.3d ---, 2026 WL 1782485, at *13 (Tex. June 19, 2026) (citation omitted). Once the movant satisfies its initial burden, the burden shifts to the nonmovant to raise a genuine issue of material fact. *See Amedisys, Inc. v. Kingwood Home Health Care, LLC*, 437 S.W.3d 507, 511 (Tex. 2014); *Pertolanitz v. Waldroup*, 722 S.W.3d 168, 172 (Tex. App.—Houston [1st Dist.] 2025, no pet.).

Further, this Motion addresses the mootness of Plaintiffs' claims, which implicates justiciability and, in turn, this Court's subject-matter jurisdiction. *See Tex. Dep't of Fam. & Protective Servs. v. Grassroots Leadership, Inc.*, 717 S.W.3d 854, 866-67 (Tex. 2025); *see also Paxton v. Longoria*, 646 S.W.3d 532, 538 (Tex. 2022) ("[A]dversity between parties is a jurisdictional prerequisite, as without such adversity there is no justiciable controversy."). Parties may raise the absence of subject-matter jurisdiction in motions for summary judgment. *See, e.g., Bland Indep. Sch. Dist. v. Blue*, 34 S.W.3d 547, 554 (Tex. 2000); *Buzbee v. Clear Channel Outdoor, LLC*, 616 S.W.3d 14, 21 (Tex. App.—Houston [14th Dist.] 2020, no pet.). Courts treat motions for summary judgment on jurisdictional grounds as pleas to the jurisdiction. *Singh v. Sandhar*, 495 S.W.3d 482, 487 (Tex. App.—Houston [14th Dist.] 2016, no pet.).

ARGUMENT & AUTHORITIES

Traditional summary judgment should be granted dismissing Plaintiffs' claims against Defendants because the record conclusively establishes that: (1) Plaintiffs' claims are moot in light of Annelise's voluntary departure from TCH West Campus and her subsequent death, and (2) even if Plaintiffs' claims were not moot, they nonetheless fail on the merits.

I. Plaintiffs' Claims Against Defendants Are Moot Because Annelise Is Not and Can No Longer Be Hospitalized at TCH West Campus or Otherwise Under Defendants' Care.

It is beyond dispute that, as of her discharge on June 24, 2026, and as of her August 3, 2026 death, Annelise is not and can no longer be hospitalized at TCH West Campus or a patient of

Defendants or otherwise under Defendants' care. *See supra* pp. 10-11. As a result, there is no justiciable controversy between the parties for this Court to resolve, and Plaintiffs' claims must be dismissed as moot.

"[M]ootness is a constitutional limitation on judicial authority." *Grassroots Leadership, Inc.*, 717 S.W.3d at 866. "A case becomes moot when there ceases to be a justiciable controversy between the parties or when the parties cease to have 'a legally cognizable interest in the outcome.'" *State ex rel. Best v. Harper*, 562 S.W.3d 1, 6 (Tex. 2018) (citation omitted). "Mootness occurs when events make it impossible for the court to grant the relief requested or otherwise 'affect the parties' rights or interests.'" *Id.* (quoting *Heckman v. Williamson County*, 369 S.W.3d 137, 162 (Tex. 2012)). "When a case becomes moot, the court loses jurisdiction and cannot hear the case, because any decision would constitute an advisory opinion that is 'outside the jurisdiction conferred by Texas Constitution article II, section 1.'" *Id.* (citation omitted). "The mootness doctrine applies to cases in which a justiciable controversy exists between the parties at the time the case arose, but the live controversy ceases because of subsequent events." *Matthews ex rel. M.M. v. Kountze Indep. Sch. Dist.*, 484 S.W.3d 416, 418 (Tex. 2016).

"One way mootness arises is if a ruling cannot 'affect the parties' rights or interests' such that it 'would be without practical effect.'" *Grassroots Leadership, Inc.*, 717 S.W.3d at 875 (citation omitted). That relief must have a "practical" effect "reflects the need for a judgment to **actually affect the plaintiff, not merely vindicate a favored legal position.**" *Id.* (emphasis added; citation omitted). That is, "throughout litigation, there must remain a 'real and substantial controversy involving genuine conflict of tangible interests and not merely a theoretical dispute.'" *Id.* (citation omitted). "[I]f a concrete dispute has become only theoretical, such as when a party

seeking prospective relief no longer would be affected if that relief is granted, the claim is presumptively moot.” *Id.*

A. Plaintiffs’ declaratory-judgment claims are moot.

In their Amended Petition, Plaintiffs request a declaration that, “pursuant to the Fourteenth Amendment to the United States Constitution and Article I, Section 19 of the Texas Constitution, Texas Children’s actions [sic] and planned discontinuance of Annelise’s life-sustaining treatment by pursuing the brain death testing without satisfying the Texas Health & Safety Code infringe[d] upon her right to due process.” Plaintiffs’ Am. Pet. 5. Plaintiffs further allege that they “have been denied their due process rights of having an ethics committee meeting and attending that meeting before the brain death testing occurs and possible life sustaining treatment is removed.” *Id.* Plaintiffs’ claims for declaratory judgment “regarding [v]iolation of Due Process,” however, are moot because Annelise was transferred out of TCH on June 24, 2026 and passed away on August 3, 2026. Thus, she can no longer be subject to such “brain death testing” and removal of “possible life sustaining treatment” by Defendants, *Id.*

“There are two prerequisites for a declaratory judgment action: (1) there must be a real controversy between the parties and (2) the controversy must be one that will **actually be determined** by the judicial declaration sought.” *Nehls v. Hartman Newspapers, LP*, 522 S.W.3d 23, 29 (Tex. App.—Houston [1st Dist.] 2017, pet. denied) (Huddle, J.) (emphasis added; citation omitted). The Texas Uniform Declaratory Judgments Act (“UDJA”), which Plaintiffs invoke here, *see* Plaintiffs’ Am. Pet. 5, “gives a court **no power to decide hypothetical or contingent situations** or to determine questions not essential to the decision of an actual controversy,” *Roach v. Ingram*, 557 S.W.3d 203, 222 (Tex. App.—Houston [14th Dist.] 2018, pet. denied) (emphasis added). The UDJA is “merely a procedural device for deciding cases already within a court’s jurisdiction rather

than a legislative enlargement of a court's power.” *Tex. Ass’n of Bus. v. Tex. Air Control Bd.*, 852 S.W.2d 440, 444 (Tex. 1993).

“A request for declaratory judgment is moot ‘if the claim presents no live controversy.’” *Nehls*, 522 S.W.3d at 29 (citation omitted). Notably, “[p]ast exposure to illegal conduct does not in itself amount to a present controversy for declaratory relief if unaccompanied by any continuing, present, adverse effects.” *Robinson v. Alief Indep. Sch. Dist.*, 298 S.W.3d 321, 327 (Tex. App.—Houston [14th Dist.] 2009, pet. denied) (citing *Williams v. Lara*, 52 S.W.3d 171, 184 (Tex. 2000)); see also *City of Galveston v. Galveston Mun. Police Ass’n*, No. 14-11-00192-CV, 2011 WL 4920885, at *4-5 (Tex. App.—Houston [14th Dist.] Oct. 18, 2011, no pet.) (no live controversy where, although plaintiffs sought prospective relief in form of declaratory and injunctive relief, such relief would be “solely retrospective in application,” and suit was “a complaint about past conduct”). Courts have found requests for declaratory relief regarding alleged violations of constitutional rights moot where, as here, the plaintiff or complaining party is no longer subject to the alleged misconduct. See, e.g., *Williams*, 52 S.W.3d at 184 (former inmates’ claims for injunctive and declaratory relief regarding religious-education program at jail were moot because they had been released and “no longer face[d] the unconstitutional conduct about which they complain[ed]”); *Roach*, 557 S.W.3d at 222-25 (parents’ request for declaration that school district and county defendants’ acts regarding criminal truancy enforcement were “ultra vires and violations of due process” rendered moot by repeal of criminal truancy system).

Kelly v. Houston Methodist Hospital is particularly instructive. In that case, a mother sued the hospital that had been treating her deceased son for a declaratory judgment that Texas Health and Safety Code section 166.046—which the hospital used in determining whether to withdraw life-sustaining treatment—violated procedural and substantive due process. No. 01-17-00866-CV,

2019 WL 1339505, at *1-2 (Tex. App.—Houston [1st Dist.] Mar. 26, 2019, pet. denied). The Houston [1st District] Court of Appeals affirmed the trial court’s dismissal of the mother’s claims on mootness grounds. *Id.* at *3-5. The court of appeals noted that the “foundation for [the mother’s] request for relief was [the hospital’s] determination to remove the life-sustaining treatment [the son] had been receiving at its facility,” allegedly without due process. *Id.* at *3. But it was “undisputed that [the hospital] continued the life-sustaining treatment allegedly desired by [the son] until he passed away naturally from his terminal condition.” *Id.* “Accordingly, no action inconsistent with [the son’s] alleged desires regarding his medical treatment was ever taken and he was not actually deprived of any constitutionally-protected right by [the hospital’s] utilization of the procedure set forth in section 166.046.” *Id.* “Because there was no deprivation of his rights, and there c[ould] be no deprivation of his future rights by these means due to his death, there [was] also no remaining controversy between the parties in regard to the alleged due process violations.” *Id.*

Similarly, in *Robinson v. Alief Independent School District*, a former teacher sued a school district and related defendants for declaratory and injunctive relief regarding an alleged “campaign” by his former colleagues “to tarnish his reputation as an educator.” 298 S.W.3d at 323. The teacher alleged violations of his rights under the Texas Constitution and sought, *inter alia*, a declaration that the school district violated his constitutional rights and to enjoin the school district to expunge his records of all references to the “acts . . . against him” by one of the former colleagues. *Id.* Because the teacher resigned prior to filing suit, the trial court granted the defendants’ plea to the jurisdiction based on mootness. *Id.* at 323-24. The Houston [14th District] Court of Appeals affirmed, holding that the teacher’s claim for declaratory relief regarding the

violation of his constitutional rights was moot because, in light of his resignation, he “no longer face[d] the alleged misconduct about which he complain[ed].” *Id.* at 327-38.

Here, Plaintiffs’ claims for declaratory relief are moot—and there is no justiciable controversy for this Court to resolve—because Annelise undisputedly is not and can no longer be Defendants’ patient or in Defendants’ care. *See supra* pp. 10-11. As such, Plaintiffs “no longer face[] the alleged misconduct about which [they] complain[]”—Defendants allegedly discontinuing or withdrawing Annelise’s life-sustaining treatment or conducting brain-death testing on Annelise. *See Robinson*, 298 S.W.3d at 327-28; *see also Williams*, 52 S.W.3d at 184. Indeed, this Court’s June 11 Order prohibited Defendants from conducting brain-death testing on Annelise for two weeks from the order’s signing, and Annelise was discharged from TCH West Campus at 5:27 p.m. on June 24, 2026—**before** the two-week period expired.¹¹ *See* Supp.R001-03.

Further, the only alleged due-process “rights” identified by Plaintiffs are their purported “rights of having an ethics committee meeting and attending that meeting before the brain death testing occurs and possible life sustaining treatment is removed.” Plaintiffs’ Am. Pet. 5. Plaintiffs were not deprived of these alleged rights because Defendants did not remove life-sustaining treatment for Annelise and never performed confirmatory brain-death testing before she was transferred to the Louisiana hospital. *See* Supp.R005-06; *Kelly*, 2019 WL 1339505, at *3; *see also* Exhibit “B” at 55:3-9, 68:1-5 (Dr. Janine Graf, pediatric intensive care physician and Chief

¹¹ Specifically, this Court gave Plaintiffs “two (2) weeks from the signing of th[e]” June 11 Order to find a transferee facility. June 11 Order at 1. This Court ordered that “all care currently administered to the incapacitated child will continue without interruption until the expiration of the two week period after which the Defendants Texas Children’s Hospital, Texas Children’s Hospital West Campus, and Dr. Mona Karimullah, M.D. and all agents or assigns affiliated therewith may decide what is in the best interest of the child in accordance to its policies, including administering the Brain Death Test.” *Id.* at 2. Thus, the earliest time at which Defendants could perform confirmatory brain-death testing would have been June 25, 2026—**after** Annelise had already been transferred from TCH West Campus to the Louisiana hospital.

Medical Officer at TCH West Campus, testifying that no confirmatory brain-death testing was performed on Annelise). Moreover, because Annelise has left Defendants' care and has since passed away, Defendants cannot deprive Plaintiffs of their future rights by these means, and there is "no remaining controversy between the parties in regard to the alleged due process violations." *See Kelly*, 2019 WL 1339505, at *3. Therefore, this Court should dismiss Plaintiffs' declaratory-relief claims as moot.

B. Plaintiffs' Section 1983 claims are moot.

For similar reasons, Plaintiffs' claims under 42 U.S.C. § 1983 are moot. Regarding their Section 1983 claims, Plaintiffs allege that "Texas Children's has deprived Annelise of her right to due process of law." Plaintiffs' Am. Pet. 6. Plaintiffs also incorporate their allegations in support of their request for a declaratory judgment regarding violations of due process into their Section 1983 claim. *See id.* Even if Plaintiffs could pursue a Section 1983 claim against Defendants (they cannot, *see infra* pp. 21-25), Annelise's discharge from TCH West Campus and her subsequent death extinguish any controversy between the parties.

Courts regularly find requests for prospective relief under Section 1983 moot. *See, e.g., Kelly*, 2019 WL 1339505, at *2-4 (claims based on due-process violations, including a Section 1983 claim, were moot in light of patient's death); *Campos v. Tex. Dep't of Crim. Just.*, 385 S.W.3d 35, 45 (Tex. App.—Corpus Christi—Edinburg 2009, no pet.) (concluding plaintiffs' request to enjoin defendants from allowing male guards to participate in care, treatment, handling, and transportation of female inmates did not save Section 1983 claim from dismissal where plaintiffs were no longer incarcerated at facility and allegedly offending employees were no longer employed there); *see also Herman v. Holiday*, 238 F.3d 660, 665 (5th Cir. 2001) (concluding that incarcerated individual's claims for injunctive and declaratory relief under Section 1983 were

rendered moot by his transfer elsewhere). Though requests for damages under Section 1983 may not necessarily be rendered moot by a subsequent development in the case, *see Williams*, 52 S.W.3d at 185, 194, a claim for nominal damages cannot salvage an otherwise-moot claim where, as here, “there has been no deprivation of constitutional rights,” *Kelly*, 2019 WL 1339505, at *4.

In this case, Plaintiffs solely seek declaratory and injunctive relief in their Amended Petition. *See* Plaintiffs’ Am. Pet. 5-10. As noted *supra* pp. 14-18, Plaintiffs’ declaratory-relief claims are moot in light of Annelise’s discharge from TCH West Campus and her death. Nor is it possible for the Court to resolve any controversy between the parties regarding Plaintiffs’ requests for injunctive relief. *See infra* pp. 19-21. Plaintiffs do not seek—and, indeed, expressly disclaim any request for—monetary relief. *See* Plaintiffs’ Am. Pet. 2 (“Plaintiff does not seek economic damages, only a restraining order and temporary injunctive relief.”); *id.* at 5-10. Accordingly, there is no claim for damages that can potentially salvage Plaintiffs’ claims from mootness. *See Williams*, 52 S.W.3d at 185, 194. And, even if Plaintiffs had not expressly disclaimed any request for economic damages, Plaintiffs would not be able to obtain nominal damages for their Section 1983 claim because there has been no deprivation of their constitutional rights. *See Kelly*, 2019 WL 1339505, at *4. Plaintiffs’ Section 1983 claims are therefore moot and should be dismissed.

C. Plaintiffs’ requests for injunctive relief are moot.

Annelise’s discharge from TCH West Campus and her death have likewise mooted Plaintiffs’ requests for injunctive relief (even assuming *arguendo* that such claims are proper standalone claims, which they are not, *see* Exhibit “A” at 10-11). In addition to seeking a TRO, which Plaintiffs already obtained (*see supra* p. 6) and cannot obtain again,¹² Plaintiffs request “a

¹² *See* TEX. R. CIV. P. 680 (“Every temporary restraining order granted without notice . . . shall expire by its terms within such time after signing, not to exceed fourteen days, as the court fixes, unless within the time so fixed the order, for good cause shown, is extended for a like period

temporary and permanent injunction, enjoining Cook¹³ [sic] from conducting brain death testing and withdrawing life- sustaining treatment pursuant to Texas Health & Safety Code § 166.046,” Plaintiffs’ Am. Pet. 8-9. Plaintiffs further ask that this Court enter a temporary injunction preventing “Defendant, [sic] their physicians, contractors, subcontractors, agents, servants, employees, experts and/or those acting in concert with them from refusing to provide life-sustaining treatment to Plaintiff, including preventing brain death testing, to keep the status quo while this Court resolves this dispute.” *Id.* at 9.

The Texas Supreme Court has recognized that “[c]oercive relief” is improper when it “becomes impossible.” *In re Tr. A & Tr. C. Established Under Bernard L. & Jeannette Fenenbock Living Tr. Agreement*, 690 S.W.3d 80, 88 (Tex. 2024) (citation omitted). Consistent with this principle, courts regularly decline to entertain requests for injunctive relief that have become moot because either it is impossible to grant the injunctive relief or the act sought to be enjoined has been accomplished. *See, e.g., Williams*, 52 S.W.3d at 184 (formerly incarcerated individuals’ requests for injunctive relief rendered moot by their release from facility because they “no longer face[d] the unconstitutional conduct about which they complain[ed], and thus any prospective relief . . . [could not] help them”); *Robinson*, 298 S.W.3d at 326-27 (teacher’s injunctive request to expunge his employee file rendered moot by school district’s decision to expunge the file); *Flores v. City of Galveston*, No. 01-20-00042-CV, 2022 WL 120018, at *4-7 (Tex. App.—Houston

or unless the party against whom the order is directed consents that it may be extended for a longer period. . . . No more than one extension may be granted unless subsequent extensions are unopposed.”).

¹³ Defendants assume that Plaintiffs’ reference to “Cook” is a typographical error based on Plaintiffs’ citation of *T.L. v. Cook Children’s Medical Center*. *See supra* n.7.

[1st Dist.] Jan. 13, 2022, no pet.) (request for injunctive relief moot where action plaintiffs sought to enjoin had been accomplished).¹⁴

Plaintiffs cannot dispute that Annelise is no longer in Defendants' care or receiving treatment from Defendants and has passed away. Defendants therefore cannot "refus[e] to provide life-sustaining treatment" to Annelise, "withdraw[] life- sustaining treatment" for Annelise, or conduct brain-death testing on Annelise. *Cf.* Plaintiffs' Am. Pet. 7-9. It is therefore impossible for this Court to grant Plaintiffs' requested injunctive relief. *See In re Tr. A & Tr. C*, 690 S.W.3d at 88; *see also Harper*, 562 S.W.3d at 6 ("Mootness occurs when events make it impossible for the court to grant the relief requested . . ."). Likewise, to the extent that Plaintiffs seek injunctive relief in the form of an order requiring Defendants to transfer Annelise elsewhere, that request is moot because there is "no more action a court can enjoin to satisfy [Plaintiffs'] request" given that Annelise is no longer hospitalized at TCH West Campus and that Annelise was, in fact, transferred to another hospital on June 24, 2026, before her death in early August. *See Robinson*, 298 S.W.3d at 326. Plaintiffs' requests for injunctive relief should therefore be dismissed as moot.

II. Plaintiffs' claims fail as a matter of law.

Additionally and/or alternatively, Defendants are entitled to summary judgment on Plaintiffs' Section 1983 claims because Plaintiffs cannot show the deprivation of a constitutionally protected right or state action by Defendants, all of which are private entities or individuals. "A cause of action under Section 1983 involves two essential elements: (1) the conduct complained

¹⁴ Even if Plaintiffs' requests for injunctive relief were not moot, Plaintiffs cannot obtain temporary or permanent injunctive relief because, in light of Annelise's departure from TCH West Campus and her subsequent death, they cannot demonstrate at least one element required for injunctive relief—an imminent harm or injury. *See Jordan v. Landry's Seafood Rest., Inc.*, 89 S.W.3d 737, 742 (Tex. App.—Houston [1st Dist.] 2002, pet. denied) (permanent injunction requires, *inter alia*, "imminent harm"); *Butnaru v. Ford Motor Co.*, 84 S.W.3d 198, 204 (Tex. 2002) (temporary injunction requires, *inter alia*, "a probable, imminent, and irreparable injury in the interim").

of was committed by a person acting under color of state law, and (2) the conduct deprived a person of rights, privileges, or immunities secured by the Constitution, or the laws, of the United States.” *Luna v. Tyler*, 711 S.W.3d 708, 714 n.2 (Tex. App.—Houston [1st Dist.] 2025, no pet.).

The first element of a Section 1983 claim—the “under color of state law” element—“excludes from its reach ‘merely private conduct, no matter how discriminatory or wrongful.’” *Aspenwood Apartment Corp. v. Link*, No. 01-05-00555-CV, 2007 WL 2832985, at *3 (Tex. App.—Houston [1st Dist.] Sep. 27, 2007, pet. denied) (citation omitted). “Thus, conduct allegedly causing the deprivation of a constitutional right must be fairly attributable to the State.” *Id.* (citing *Lugar v. Edmondson Oil Co.*, 457 U.S. 922, 936-37 (1982)). “In determining the question of fair attribution, (1) the deprivation must be caused by the exercise of some right or privilege created by the State or by a rule of conduct imposed by it or by a person for whom it is responsible, and (2) the party charged with the deprivation must be a person who may fairly be said to be a state actor.” *Id.*

Because Defendants are private entities or individuals,¹⁵ Plaintiffs cannot demonstrate that the conduct they complain of was committed by a person acting “under color of state law.” *See id.* Plaintiffs rely on *T.L. v. Cook Children’s Medical Center*, 607 S.W.3d 9 (Tex. App.—Fort Worth 2020, pet. denied) which is not binding on this Court—in support of their assertion that “Texas Children’s qualifies as a state actor,” Plaintiffs’ Am. Pet. 5, but Plaintiffs’ reliance on *T.L.* is misplaced. In *T.L.*, the plaintiffs—an infant patient at a hospital and the patient’s mother—sued the hospital after the patient’s attending physician invoked the committee-review process in Texas

¹⁵ As an initial matter, Plaintiffs allege that “Texas Children’s qualifies as a state actor.” Plaintiffs’ Am. Pet. 5. It is unclear whether, by referring to “Texas Children’s,” Plaintiffs mean to refer solely to TCH or to TCH, TCH West Campus, and Dr. Karimullah. Defendants assume for purposes of this Motion that Plaintiffs intend to allege their Section 1983 claims against all Defendants.

Health and Safety Code § 166.046 to withdraw life-sustaining treatment for the patient and the ethics committee concurred with the physician's decision. 607 S.W.3d at 26-33. The Fort Worth Court of Appeals held that the "treatment decision of an attending physician to unilaterally discontinue life-sustaining treatment for a terminally ill minor patient, over the objection of her parents, as affirmed by an ethics or medical committee through the statutory authority of Section 166.046" is "state action" for purposes of Section 1983. *See id.* at 76. The court reasoned that such a decision "constitute[d] the exercise of (1) the sovereign authority of the state, under the doctrine of *parens patriae*, to supervene the fundamental right of a parent to make a medical treatment decision for her child and (2) the sovereign authority of the state, under its police power, to regulate what is and is not a lawful means or process of dying, naturally or otherwise." *Id.*

Without conceding the merits of the Fort Worth Court of Appeals' reasoning and holding above, here, there has not been any "treatment decision" to "unilaterally discontinue life-sustaining treatment" for Annelise, and no committee-review process under Section 166.046 is necessary or has been invoked. *See id.*; *see also* Exhibit "B" at 98:13-99:10, 100:16-23 (testimony from Dr. Frank Placencia, neonatologist within TCH's department of neonatology and ethicist, that no ethics committee consult or involvement is required before brain-death testing is initiated or completed), 104:2-7 (TCH's policy does not require an ethics committee meeting before brain-death testing is done). At no point did Defendants make a unilateral decision to withdraw Annelise's life-sustaining treatment; rather, Defendants merely sought to conduct **testing** for brain death on Annelise in order to determine what medically, legally, and ethically appropriate treatment to provide Annelise going forward. *See* Exhibit "A" at 12; *see also* Exhibit "B" at 68:1-15. There was no decision to withdraw life-sustaining treatment, and, as a result, Defendants did not exercise the state's sovereign authority to "supervene the fundamental right of a parent to

make a medical treatment decision for her child” and “regulate what is and is not a lawful means or process of dying, naturally or otherwise.” *See T.L.*, 607 S.W.3d at 76. Accordingly, *T.L.* is inapplicable here, and Defendants cannot be held liable on Plaintiffs’ Section 1983 claims.

Additionally and/or alternatively, Plaintiffs cannot establish any violation of Plaintiffs’ due process rights or any other constitutional right to support relief under Section 1983 or the UDJA as a matter of law. The undisputed evidence conclusively establishes that Defendants did not perform (and now can no longer perform) any of the acts that Plaintiffs erroneously claim to have violated their constitutional rights. Specifically, the undisputed evidence conclusively establishes that: (1) Defendants provided life-sustaining care to Annelise while she was hospitalized at TCH West Campus;¹⁶ (2) Defendants supported and facilitated attempts to transfer Annelise to another medically-appropriate facility while she was hospitalized at TCH West Campus;¹⁷ (3) Defendants did not perform confirmatory brain death testing while Annelise was hospitalized at TCH West Campus;¹⁸ (4) despite Plaintiffs’ subsequent request for a stay of enforcement of the Rule 11 agreement, Plaintiffs consented under that agreement to the performance of confirmatory brain-death testing—thus conceding, at a minimum, the constitutionality of such testing;¹⁹ and (5) Defendants would have continued providing life-sustaining care if the confirmatory brain-death testing had indicated that Annelise was not brain-dead.²⁰

¹⁶ *See supra* pp. 7-10; Supp.R005-06.

¹⁷ *See supra* pp. 7-10; Exhibit “A” at 3, 7-8; Supp.R006, Supp.R010-12, Supp.R014-15.

¹⁸ *See supra* p. 10; Exhibit “B” at 68:1-5; Supp.R006.

¹⁹ *See* Rule 11 Agreement at 1.

²⁰ *See* Exhibit “A” at 12; Exhibit “B” at 68:6-15.

CONCLUSION

For the reasons above, Defendants respectfully request that this Court: (1) grant Defendants Texas Children's Hospital, Texas Children's Hospital West Campus, and Dr. Mona Karimullah's Traditional Motion for Summary Judgment; (2) dismiss with prejudice any and all of Plaintiffs' claims against Defendants Texas Children's Hospital, Texas Children's Hospital West Campus, and Dr. Mona Karimullah; and (3) grant Defendants Texas Children's Hospital, Texas Children's Hospital West Campus, and Dr. Mona Karimullah all other relief to which they are entitled.

Dated: August 14, 2026

Respectfully submitted,

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The undersigned counsel hereby certifies that a copy of the foregoing document was served in compliance with the applicable Texas Rules of Civil Procedure by electronic filing or electronic mail on August 14, 2026, upon:

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