

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X Index No.:

JANE DOE,

Plaintiff,

-v-

MEERA SHAH, M.D., ABIGAIL MENSAH, N.P.
PLANNED PARENTHOOD HUDSON PECONIC, INC., a **SUMMONS**
New York Corporation, d/b/a PLANNED PARENTHOOD
SPRING VALLEY HEALTH CENTER, AND PLANNED
PARENTHOOD WHITE PLAINS HEALTH CENTER,

Defendants.

-----X

To the above-named Defendants:

You are hereby summoned to answer the complaint in this action and to serve a copy of your answer or, if the complaint is not served with this summons, to serve a notice of appearance on the undersigned within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Kings County is designated as the place of trial. The basis of venue is the county in which one of the parties resides. The relief sought is monetary damages.

Plaintiff: Jane Doe.

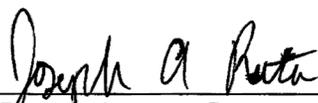
Defendants:

Meera Shah, M.D.
50 North 5th Street, Apt 5ME
Brooklyn, New York 11249

Abigail Mensah, N.P.
Planned Parenthood Spring Valley Health Center
25 Perlman Drive
Spring Valley, New York 10977

Planned Parenthood Hudson Peconic, Inc.
d/b/a Planned Parenthood Spring Valley Health Center
and Planned Parenthood White Plains Health Center
25 Perlman Drive
Spring Valley, New York 10977

Dated: New York, New York
January 20, 2021



Joseph A. Ruta, Esq.
Ruta Soulios & Stratis LLP
211 East 43rd St., 24th Fl.
New York, NY 10017
(212) 997-4500
fax (212) 768-0649

Christen E. Civileto, Esq.
East Amherst, New York 14051
(716) 713-2431

Counsel for Plaintiff Jane Doe

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X Index No:

JANE DOE,

Plaintiff,

-v-

**VERIFIED
COMPLAINT**

Jury Trial Demanded

MEERA SHAH, M.D., ABIGAIL MENSAH, N.P.
PLANNED PARENTHOOD HUDSON PECONIC, INC., a
New York Corporation d/b/a PLANNED PARENTHOOD
SPRING VALLEY HEALTH CENTER, AND PLANNED
PARENTHOOD WHITE PLAINS HEALTH CENTER,

Defendants.

-----X

Plaintiff, through her attorneys Joseph A. Ruta, Esq., of Ruta Soulios & Stratis LLP, and
Christen E. Civiletto, Esq., allege, upon information and belief, the following:

THE PARTIES

1. Plaintiff Jane Doe is an adult over the age of eighteen and resides in Nauet, New York.
2. Defendant Meera Shah, M.D. is a physician duly licensed to practice medicine in the State of New York and resides in Kings County, State of New York at all pertinent times alleged herein.
3. Defendant Abigail Mensah, N.P. is a certified nurse practitioner duly licensed to practice nursing in the State of New York at all pertinent times alleged herein.
4. Defendant Planned Parenthood Hudson Peconic, Inc (“PPHP”) is a medical care facility existing under and by virtue of the laws of the State of New York, and a domestic not-for-profit

corporation, with its principal place of business located at 4 Skyline Drive, Hawthorne, New York 10532.

5. PPHP operates Planned Parenthood White Plains Health Center located at 175 Tarrytown Road in White Plains, New York 10607 (“White Plains Center”). The White Plains Center provides general reproductive health care and abortions, including medication abortion through 70 days of pregnancy, as dated from the first day of a woman’s last menstrual period.

6. PPHP also operates Planned Parenthood Spring Valley Health Center located at 25 Perlman Drive in Spring Valley, New York 10977 (“Spring Valley Center”). The Spring Valley Center provides general reproductive health care and abortions, including medication abortion through 70 days of pregnancy, as dated from the first day of a woman’s last menstrual period.

7. Dr. Meera Shah is the Chief Medical Officer for PPHP, which includes the White Plains Center and the Spring Valley Center. Dr. Shah is an abortion provider and prescribes medication for medication abortions.

8. Abigail Mensah is a nurse practitioner at the Spring Valley Center. She is under the supervision of Dr. Shah and dispenses prescriptions for medication abortions under the oversight of Dr. Shah.

9. Dr. Shah and Mensah are both employed by PPHP as medical care providers and, during all times relevant hereto, were involved in the care and treatment of Plaintiff, including, but not limited to, medical care provided on May 4, 2020, and May 5, 2020, the dates on which Plaintiff visited PPHP, the White Plains Center, and the Spring Valley Center.

10. On May 4, 2020 Plaintiff, believing that she was newly pregnant, sought information from Defendants for an abortion.

11. Plaintiff obtained abortion information from Defendants via a fifteen minute, two second telehealth conference.

12. At no time during the consultation did Defendants examine Plaintiff's physical condition.

13. Plaintiff advised Defendants that her last menstrual period was on March 23, 2020.

14. Based on that response, which was true and accurate, Defendants determined that Plaintiff was six weeks and zero days pregnant.

15. Plaintiff verbally consented to the termination of a six-week old fetus.

16. Defendants advised Plaintiff that she could obtain the medication for the abortion at the Spring Valley Center.

17. While at the Spring Valley Center, Plaintiff was not asked any further questions about the pregnancy, nor did she sign any consent forms.

18. Defendants failed to perform any type of physical exam on Plaintiff while she was at the Spring Valley Center to accurately confirm the gestational age of the fetus.

19. Defendants failed to perform any type of ultrasound or other scan on Plaintiff while she was at the Spring Valley Center to accurately confirm the gestational age of the fetus.

20. Plaintiff, who has a history of anemia, was given a finger prick to assess her hemoglobin levels; the first test failed as a result of faulty equipment.

21. Plaintiff, who was concerned about her history of anemia, asked whether she should wait a day and visit another Planned Parenthood location that had a machine to test her levels.

22. Plaintiff was told by Defendant Abigail Mensah that she should not wait to visit another Planned Parenthood location because it might be "too late" for her to obtain a medication abortion.

23. Plaintiff was given a second hemoglobin test.

24. Plaintiff's hemoglobin levels were below the range of acceptable limits.

25. Plaintiff was not informed that her hemoglobin levels were low.

26. Plaintiff began taking the medication on May 4, 2020 to proceed with the abortion of what she believed was a six-week old fetus.

The Abortion Pill Regimen

27. Medical abortions are accomplished a regimen of medications, beginning with the abortifacient mifepristone, which is also known as RU-496, or, commercially, as Mifeprex.

28. Mifeprex is used together with another medication called misoprostol.

29. Mifeprex is governed by the Federal Drug Administration's Risk Evaluation and Mitigation Strategy ("REMS") policy (referred to alternatively as the "Mifepristone REMS Program" or the "REMS for Mifeprex").

30. REMS is a drug safety program that the U.S. Food and Drug Administration ("FDA") requires for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks.

31. According to the FDA, REMS are designed to reinforce medication use behaviors and actions that support the safe use of that medication. While all medications have labeling that informs health care stakeholders about medication risks, only a few medications require a REMS. <https://www.fda.gov/drugs/drug-safety-and-availability/risk-evaluation-and-mitigation-strategies-rems>

32. The current REMS for Mifeprex was last updated on 04/11/2019. <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm?event=RemsDetails.page&REMS=390>

33. In accordance with the REMS, the FDA has approved the use of Mifeprex (and Misoprostol) for the termination of pregnancies through 70 days gestation, or 70 days or less since the first day of a woman's last menstrual period. In other words, Mifeprex and Misoprostol are not approved for use on a pregnant mother past 10 weeks gestation.

34. The goal of the Mifepristone REMS Program is to mitigate the risk of serious complications associated with mifepristone by: (1) Requiring healthcare providers who prescribe mifepristone to be certified in the Mifepristone REMS Program; (2) Ensuring that mifepristone is only dispensed in certain healthcare settings by or under the supervision of a certified prescriber; (3) Informing patients about the risk of serious complications associated with mifepristone.

<https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=RemsDetails.page&REMS=390>

35. To meet the first requirement, certification, a physician must (1) Review the Prescribing Information for mifepristone and (2) Complete a Prescriber Agreement Form.

36. There are two Prescriber Agreement Forms: one for GenBioPro, Inc. and the other from Danco Laboratories, LLC.

<https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=RemsDetails.page&REMS=390>

37. The physician must also review the Patient Agreement Form with the patient and fully explain the risks of the mifepristone treatment regimen. [*Patient Agreement Form*](#)

38. The physician must answer any questions the patient may have prior to receiving mifepristone.

39. The physician must have the patient sign the Patient Agreement Form and obtain the Patient's signature on the form.

40. The physician must provide the patient with a copy of the Patient Agreement Form and Medication Guide.

41. The physician must place the signed Patient Agreement Form in the patient's medical record and record the serial number from each package of mifepristone in each patient's record.

42. The Danco Laboratories, LLC Prescriber Agreement and the GenBioPro, Inc. require that, to qualify for certification, the prescribing physician must be able to accurately assess pregnancy duration.

https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifepristone_2019_04_11_Prescriber_Agreement_Form_for_Danco_Laboratories_LLC.pdf and
https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifepristone_2019_04_11_Prescriber_Agreement_Form_for_GenBioPro_Inc.pdf

43. Additionally, both Prescriber Agreements require that the physician obtain the patient's signature on the Patient Agreement Form.

44. Both Prescriber Agreements require that the physician certify that he or she has read and understood the Prescribing Information for mifepristone.

45. The accurate assessment of pregnancy duration (or gestational age) requires either a bimanual pelvic exam, or other type of abdominal exam, or an ultrasound.

46. The use of a last menstrual period, or LMP, is not sufficient to accurately determine pregnancy duration or gestational age.

47. According to a textbook used by the National Abortion Federation (“NAF”), “Patient history [including the patient's description of her last menstrual period (“LMP”)] is not sufficiently accurate to establish the diagnosis, duration, or status of pregnancy. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*, Chapter 6, *Clinical*

assessment and ultrasound in early pregnancy, Steven R. Goldstein MD, and Matthew F. Reeves MD, MPH.

48. NAF's textbook further states: "Pregnancy diagnosis and accurate estimation of gestational age are integral aspects of abortion care. Although the initial clinical assessment provides important clues, no detail of the patient's history, reported symptoms, or physical signs allows the practitioner to make the diagnosis of early pregnancy with certainty. Fortunately, advances in pregnancy testing and imaging techniques now enable the clinician to identify pregnancy shortly after implantation and to assess the duration, location, and development of the pregnancy. These techniques have made it possible for providers to offer new options to women seeking abortion, including very early pregnancy termination by medical or surgical methods. Their judicious use also helps to minimize abortion-related complications and assists in the diagnosis and management of abnormal pregnancies."

Plaintiff's Medication Abortion; Labor and Delivery

49. On May 4, 2020, Defendant Dr. Shah prescribed the two-medication regimen of Mifeprex and misoprostol to terminate Plaintiff's pregnancy.

50. Plaintiff did not sign the required Patient Agreement Form, or any other form.

51. Defendants failed to conduct a physical exam of any type on Plaintiff, let alone a bi-manual pelvic exam or abdominal exam.

52. Defendant failed to conduct an ultrasound on Plaintiff.

53. Plaintiff began her regimen of Mifeprex and misoprostol on May 4, 2020.

54. That evening, Plaintiff began experiencing painful cramping and pressure.

55. Plaintiff went into full labor in the early morning hours of May 5, 2020.

56. Plaintiff experienced extreme and painful accelerated changes to her body, including a vaginal laceration or tear, as the delivery progressed.

57. At approximately 3:00 am, while sitting on the toilet, Plaintiff gave birth to a fully-formed, stillborn baby boy named J.T.

58. Plaintiff was shocked and traumatized when she saw the lifeless, fully-formed baby in the toilet covered in mucous, blood, and the placenta.

59. The next morning, Plaintiff advised Defendants about the ordeal.

Plaintiff described the size of J.T.'s body to the Defendants. She described his size as the length of her forearm, not including his legs. Defendant Mensah repeatedly asked whether the body was the size of a fist, but Plaintiff and her mother corrected her.

60. Instead of directing Plaintiff to the nearest emergency room, and despite knowing that J.T. was a fully-formed baby, Defendants directed Plaintiff to bring J.T. across county lines to Dr. Shah at the White Plains Center for examination of both J.T. and herself.

61. At the White Plains Center, Dr. Shah performed an ultrasound and physical exam on Plaintiff and also examined J.T.

62. Defendants determined that J.T.'s length and femur size were consistent with that of a thirty-three to thirty-six week old baby.

63. Defendants advised Plaintiff that they would dispose of J.T., further upsetting Plaintiff and her family.

64. Plaintiff, just hours post-partum and in shock, was made to wait for many hours at the White Plains Center.

65. Defendants told Plaintiff not to call law enforcement.

66. Plaintiff refused to allow Defendants to dispose of J.T. and a family member contacted law enforcement authorities for assistance.

67. Defendants made misleading statements to law enforcement, including the indisputably untrue statement that Plaintiff was “examined” and that Plaintiff decided on her own to bring J.T. across county lines.

68. J.T. was taken to the Westchester County Morgue.

69. J.T. was a fully formed and otherwise healthy baby.

70. Plaintiff had no intention of aborting a near-term baby, did not consent to the termination of a near-term baby, and would not have aborted a near-term baby or any baby after her first trimester.

71. An autopsy was performed on J.T. on May 7, 2020.

72. The cause of J.T.’s death was determined to be a “medically induced termination of pregnancy of a 30-week fetus.”

73. As a result of Plaintiff’s ordeal, she has endured significant stress, trauma, emotional anguish, physical pain, including laceration and an accelerated labor and delivery unaided by medication, lactation, soreness, and bleeding.

**AS AND FOR A FIRST CAUSE OF ACTION FOR
MEDICAL MALPRACTICE**

74. Plaintiff repeats and re-alleges each and every allegation above as if fully set forth herein.

75. Defendants and their agents, servants, and employees undertook to provide an abortion for Plaintiff in a reasonable, proper, and skillful manner on or about May 4, 2020.

76. Defendants and agents, servants, and employees were negligent and committed malpractice in their treatment of Plaintiff and Plaintiff’s fetus by, but not limited to, failing to

accurately confirm pregnancy duration or gestational age by either a physical exam or an ultrasound, aborting a later-term, healthy baby boy without Plaintiff's consent, conducting a deficient screening process, conducting an abortion after the Plaintiff's hemoglobin levels were outside the range of acceptable levels, and seeking to dispose of a stillborn, full-term baby.

77. Defendants and agents, servants, and employees provided the negligent care to Plaintiff and Plaintiff's stillborn baby at Spring Valley and White Plains Centers.

78. Plaintiff sustained severe and permanent and nonpermanent injuries as a result of the negligence and malpractice of Defendants and their agents, servants, and employees, including but not limited to, loss of near-term, healthy child in utero, physical lacerations, pain of labor unaided by an epidural or an understanding of what was happening to her body, emotional distress, pathological bereavement and grief, posttraumatic stress disorder, anxiety, depression, and pain and suffering.

79. Plaintiff has incurred and will continue to incur damages associated with counseling, funeral arrangements, and other necessary actions taken to address her mental health.

80. The injuries and damages sustained by Plaintiff were caused solely by the negligence and malpractice of Defendants and their agents, servants, and employees without any negligence on the part of Plaintiff contributing thereto.

81. Plaintiff sustained damages in excess of the jurisdictional limits of all lower courts, which might otherwise have jurisdiction.

AS AND FOR A SECOND CAUSE OF ACTION
FOR LACK OF INFORMED CONSENT

82. Plaintiff repeats and re-alleges each and every allegation above as if fully set forth herein.

83. Defendants and their agents, servants, and employees performed some and failed to perform other medical treatments, procedures, and/or diagnostic procedures upon Plaintiff

patient without obtaining the informed consent of Plaintiff, including but not limited to the failure to accurately assess pregnancy duration or gestational age through a physical exam and/or an ultrasound, and through the nonconsensual medication abortion of a full-term, otherwise healthy baby boy.

84. Defendants and their agents, servants, and employees failed to advise Plaintiff of the risks, dangers, and consequences associated with the performance or non-performance of the aforesaid medical treatments, procedures, and diagnostic procedures.

85. A reasonable medical provider would have disclosed the risks of not performing any tests to accurately assess pregnancy duration or gestational age, even if the reasonable medical care provider chose to disregard the applicable standards of care and the Mifepristone REMS Program.

86. A reasonably prudent person in the position of Plaintiff would not have permitted, allowed, or undergone the medical treatments, procedures, and/or diagnostic procedures and would have chosen a different course of treatment if he/she had been fully informed of the risks, dangers, and consequences of performing an abortion without accurately assessing pregnancy duration or gestational age, particularly since Mifepristone and misoprostol are not approved by the purpose of terminating a developed fetus, or any fetus over ten weeks or 70 days gestation.

87. As a result of the aforesaid medical treatments, procedures, and/or diagnostic procedures being withheld or performed upon Plaintiff patient, without the informed consent of Plaintiff patient, Plaintiff sustained personal injury damages.

88. The lack of informed consent outlined above is the proximate cause of the damages to Plaintiff for which relief is sought herein.

89. Plaintiff sustained severe and permanent injuries as a result of the failure to obtain an informed consent by Defendants and agents, servants, and employees.

90. Plaintiff has incurred and will continue to incur damages associated with counseling, funeral arrangements, and other necessary actions taken to address her mental health.

91. The injuries and damages sustained by Plaintiff were caused solely by the negligence and malpractice of Defendants and agents, servants, and employees without any negligence on the part of Plaintiff patient contributing thereto.

92. Plaintiff sustained damages in excess of the jurisdictional limits of all lower courts, which might otherwise have jurisdiction.

**AS AND FOR A THIRD CAUSE OF ACTION FOR INTENTIONAL INFLICTION OF
EMOTIONAL DISTRESS**

93. Plaintiff repeats and re-alleges each and every allegation above as if fully set forth herein.

94. Defendants chose not to follow long-established standards of care in the abortion industry or the requirements of the FDA's Mifepristone REMS Program because, as Defendants have implied or stated publicly, Defendants believe that diagnostic tests or legal requirements are "obstacles" or impediments to people asserting their right to an abortion.

95. Defendant Dr. Shah has publicly stated that she regards laws requiring her to perform an ultrasound before performing an abortion are not founded in science, and that "none of these [prior requirements] are evidence based."

96. Defendant Dr. Shah further publicly stated that laws requiring an ultrasound before an abortion are "all founded in ideology" and "do nothing to safeguard reproductive health ... they "only harm patients." She would like to see an "end to mandatory ultrasounds."

97. Dr. Shah continues to press her narrative in books, on social media, and through interviews at outlets geared towards young women, despite the fact that her narrative harms

women and specifically resulted in the death of a viable unborn child. After Plaintiff's ordeal, Dr. Shah characterized the telehealth abortion platform as "really successful." See 18:15 mark, <https://mail.google.com/mail/u/0/#search/jruta%40lawnyinj.com+interview/QgrcJHsBmssrHSSxWkrTgDbnlXSbbjpWRNB?projector=1> Further, she says they went to a no test or "minimal test" process and then they pick up the medications.

98. Dr. Shah's public statements are causing further harm to Plaintiff.

99. Defendants seek to perform telehealth abortions on a widespread basis.

100. Defendants, in order to advance their political and ideological agenda, have unilaterally chosen to by-pass the FDA's Mifepristone REMS Program and alter the long-established standards of care for an abortion that require confirmation of gestational age.

101. Defendants disregarded the substantial probability of causing severe emotional distress to Plaintiff and other pregnant mothers like her.

102. Defendants' conduct has resulted in the death of a near-term, otherwise healthy baby boy and a lifelong impact on a young woman who is at the beginning of her journey to adulthood.

103. Plaintiff was forced to witness the terrible consequences of Defendants' failure to observe long-standing standards of care and the Mifepristone REMS Program; she has been traumatized by the horrific sight of her lifeless, full-term baby in the toilet, covered in afterbirth and placenta.

104. Plaintiff experienced extreme fear and shock, which has affected the rest of her family, including her younger sisters.

105. Plaintiff is devastated because she thought she was aborting a six-week old fetus, and not a fully formed baby who was between 33 and 36 weeks old. Plaintiff would never have aborted a fully formed baby.

106. Plaintiff has also been harmed by Defendants' request for J.T.'s body so that Defendants could "dispose" of him.

107. Dr. Shah illegally directed Plaintiff to transport J.T.'s body to another Planned Parenthood location in another county, which is a crime. Defendants' actions have caused great stress and anxiety for Plaintiff, particularly during the subsequent law enforcement investigation.

108. Defendants made misrepresentations to law enforcement officers that caused Plaintiff great distress.

109. Defendants' unilateral decision to by-pass long established standards of care in the abortion industry and FDA's Mifepristone REMS Program, direction to commit a crime, misleading statements to the police, and lengthy wait in their office while Defendants decided what to do, among other actions, constitutes conduct that is so outrageous in character, and so extreme in degree, as to go beyond all possible bounds of decency, and to be regarded as atrocious, and utterly intolerable in a civilized community.

PUNITIVE DAMAGES

110. The standard of care in abortion medicine, and the FDA's strict Mifepristone REMS Program both require that, before the two-drug regimen of Mifepristone and Misoprostol can be prescribed, gestational age must be accurately assessed.

111. That assessment must take the form of a physical exam or an ultrasound and cannot be based upon a patient's report of her last menstrual period.

112. Defendants consciously and deliberately eliminated an essential step in accurately assessing the gestational age of a fetus.

113. Defendants chose to substitute their own judgment for that of the FDA and even the National Abortion Federation by removing all prudent medical procedures or tests that Defendants' regard as an impediment to a person's right to an abortion.

114. Indeed, based upon Defendants' public positions, Defendants regard any required medical step, assessment, or waiting period, or any action beyond a screening interview to be an impediment to a person's right to an abortion.

115. Defendants have politicized the standards of care in medicine.

116. Defendants' actions have resulted in the death of a fully-formed, otherwise healthy baby boy who would have been welcomed into a loving home.

117. Defendants' actions put Plaintiff at great risk during the non-consensual abortion and in her future reproductive and mental or emotional health.

118. Knowing these risks, Defendants still failed to direct Plaintiff to the nearest emergency room, and instead had her wait for many hours in their waiting room.

119. No other family should experience an illegal and non-consensual abortion as a result of an abortionist's agenda or politically-driven ideology.

120. It is extremely rare that an illegal later-term abortion is performed using Mifeprex and Misoprostol. It is extremely rare that a fully-formed child is aborted as a result of a doctor failing – or refusing -- to follow the well-established REMS protocol. Research has revealed no other later-term abortion using these medications.

121. Abortion malpractice causes particularized harm in the form of shame, guilt, and overall emotional harm in a young woman, and for that reason alone is appropriately the subject of punitive damages.

122. Defendants' agenda-driven disregard for established standards of care in medicine, the FDA's REMS program, and the health of pregnant mothers and viable unborn fetuses is shocking, unconscionable, and outrageous.

123. Defendants' direction to Plaintiff to commit a crime is shocking, unconscionable, and outrageous.

124. Defendants' statement to Plaintiff that they would "dispose" of him is shocking, unconscionable, and outrageous.

125. Punitive damages are appropriately assessed to deter Defendants and other abortion providers from committing similar future acts of recklessness and total disregard for a patient's life and that of a viable fetus.

126. Defendants' agenda-driven and political decision amounts to a conscious and deliberate disregard of the Plaintiff's interests such that the conduct could be called willful or wanton.

STATEMENT REGARDING EXCEPTIONS IN CPLR ARTICLE 1602

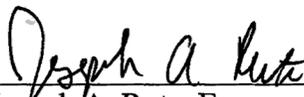
127. One or more of the exceptions in CPLR § 1602, including but not limited to Subsection 2(iv) and 7 are applicable to all causes of action and Defendants are jointly and severally liable with all other tortfeasors whether parties to this action or not.

WHEREFORE, Plaintiff demands judgment against Defendants on all causes of action in an amount that exceeds the jurisdictional limitations of all lower courts that would otherwise

have jurisdiction over this action, together with the interest, costs, and disbursements of same as allowed by law.

Plaintiff also seeks punitive damages in an amount to be determined by the trier of fact.

Dated: New York, New York
January 20, 2021



Joseph A. Ruta, Esq.
Ruta Soulios & Stratis LLP
211 East 43rd St., 24th Fl.
New York, NY 10017
(212) 997-4500
fax (212) 768-0649

Christen E. Civileto, Esq.
East Amherst, New York 14051
(716) 713-2431

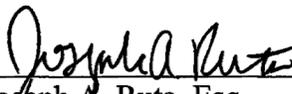
VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

The undersigned, an attorney duly admitted to practice in the State of New York, under the penalties of perjury affirms as follows:

1. I am one of the attorneys for Plaintiff(s) in this action.
2. I have read the foregoing Complaint and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief and, as to those matters, I believe them to be true.
3. The reason this verification is made by me and not by Plaintiff(s) is that Plaintiff(s) is/are not presently within the county wherein the attorneys' offices are located.
4. The grounds of my belief as to all matters not stated upon my own knowledge are investigations made and reports of investigation received by me.

Dated: New York, New York
January 20, 2021



 Joseph A. Ruta, Esq.
 Ruta Soulios & Stratis LLP
 211 East 43rd St., 24th Fl.
 New York, NY 10017
 (212) 997-4500
 fax (212) 768-0649

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X Index No.:

JANE DOE,

Plaintiff,

-v-

MEERA SHAH, M.D., ABIGAIL MENSAH, N.P.
PLANNED PARENTHOOD HUDSON PECONIC, INC., a
New York Corporation, and d/b/a PLANNED
PARENTHOOD SPRING VALLEY HEALTH CENTER,
AND PLANNED PARENTHOOD WHITE PLAINS
HEALTH CENTER,

**CERTIFICATE OF
MERIT**

Defendants.

-----X

Pursuant to CPLR §3012-a, the undersigned, an attorney duly admitted to practice before the Courts of the State of New York, hereby affirms the following under the penalties of perjury:

1. I am associated with the firm of Ruta Soulios & Stratis, LLP., attorneys for Plaintiff herein. I am familiar with the facts and circumstances of this proceeding. This affirmation is made upon information and belief, the source of your affirmant's knowledge being the file maintained by this office.

2. The facts of the case have been reviewed and at least one physician has been consulted with who is licensed to practice in this state or any other state and who is reasonably believed to be knowledgeable in the relevant issues involved in this action, and it has been concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action.

Dated: New York, New York
January 20, 2021



Joseph A. Ruta, Esq.
Ruta Soulios & Stratis LLP
211 East 43rd St., 24th Fl.
New York, NY 10017
(212) 997-4500
fax (212) 768-0649