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SUPREME COURT

OF THE

STATE OF CONNECTICUT

S.C. 19426

IN RE: CASSANDRA C.

JOINT REPLY BRIEF OF RESPONDENT MOTHER AND MINOR CHILD

TO BE ARGUED BY:

MICHAEL S. TAYLOR
AND/OR
JOSHUA MICHTOM

FILED: JANUARY 5, 2015

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INTRODUCTION

There are two straightforward and exceptionally important questions that must be answered in this case. First, does Cassandra possess a right to bodily integrity, based on either the common law or constitutional law, giving her the right to decline medical treatment upon a finding that she is sufficiently mature to do so? Second, what is the state's interest in substituting its judgment for Cassandra's, and can that interest be sufficient to overcome her fundamental rights? Neither the severity of Cassandra's illness, nor the conduct of her mother, or even the opinion of her respected oncologist (all prominently featured in Petitioner's brief) can shed any light on the answers to these questions. They are questions of law that this Court is uniquely qualified to answer.

REPLY FACTS

In its brief, Petitioner is inconsistent on whether the trial court properly held a hearing on Cassandra's maturity. Petitioner points out several times that the "mature minor" issue was not raised below. Pet. Br. at 2, 33. But, recognizing the significance of the issue, Petitioner nevertheless argues that the trial court held a hearing – on this unraised issue - to determine Cassandra's "competency or maturity"[1] and that this hearing satisfied the requirements of due process. Pet. Br. at 15, 33-35. Aside from the glaring question whether a hearing on an issue that was not raised could ever satisfy the requirements of due process underlying that issue, a review of the transcript from the 12/9/14 hearing demonstrates, in any event, that the trial court did not consider Cassandra's maturity at that time. The court heard no evidence concerning Cassandra's level of educational, psychological or emotional development and did not even hear from Cassandra herself. (In its articulation, the only direct observation the court made regarding Cassandra was that she paid close attention to the testimony of her mother. (Articulation, 12/24/14, at 3). The court did not opine on whether Cassandra did or did not pay close attention to the other

[1] Even here, Petitioner cannot say directly that the trial court held a hearing on Cassandra's "maturity," instead claiming the subject was "competency *or* maturity," because no hearing

testimony offered that day.)

In fact, counsel for Cassandra attempted to raise the issue of her maturity and her ability to make her own medical decisions during the November 12 hearing before Judge Taylor. At that time, Cassandra's trial counsel, Attorney Spoerk, asked Dr. Isakoff if he would respect Cassandra's wishes, and if he would force treatment upon her if she refused to accept it. In response to Petitioner's objection, the following colloquy took place:

> ATTY. SPOERK: I mean, this is the key portion of this case, Your Honor, of does my client have a voice in her treatment and whether or not she's in DCF care or whether or not she's in mother's care if my client refuses treatment we're both at the same point whether it's DCF care or mother's care.
>
> THE COURT: Counselor?
>
> ATTY. WEBER: Your Honor, that is not a medical opinion or a question. That is a legal question. And I think that it involves discussions around whether or not Connecticut accepts the mature minor rule which it does not as well as, you know, other issues.
>
> And moreover, Your Honor, that is not the issue squarely before the Court today. What is before the Court today is whether the child was in imminent risk of physical danger based on her life threatening disease that is not getting treatment and whether that – whether it was reasonable to remove her from the home.
>
> THE COURT: Objection sustained. I don't see where we are at this – the issue is not the child. The issue is the mother.

(Tr. 11/12/14 at 139-40). So, counsel raised the issue, Petitioner's counsel recognized it as an issue of Cassandra's maturity (and acknowledged that the question was a legal one), and Judge Taylor foreclosed the issue, holding that "the issue is not the child. The issue is the mother." Thus, whatever testimony was offered before Judge Taylor was not offered for the purpose of establishing maturity. Similarly, the proceedings before Judge Quinn, following Petitioner's motion to reargue, concerned Cassandra's violation of Judge Taylor's orders, not competency. At that point Petitioner was back before the trial court seeking to enforce the original order, which both Judge Taylor and counsel for Petitioner said was about the mother, not the child.

In a similar vein, Petitioner makes much of Dr. Isakoff's opinion that Cassandra was not competent to make the decision to decline treatment. (See, Pet. Br. at 11-12, 32 n.11). But Dr. Isakoff was offered as an expert in hematology and oncology (Tr. 11/12/14 at 104) not psychiatry or psychology. The primary reason for his concern with Cassandra's competence was her unwillingness to get treatment. (In other words, he felt she was not competent to decline treatment because she was declining treatment). Perhaps more importantly, Dr. Isakoff conceded that he had *never* before been involved in determining the competency of one of his patients. (Tr. 12/9/14 at 20). He testified that he would want a psychological or psychiatric evaluation of Cassandra to understand the reasons for her decisions (*Id.* at 19-20), and acknowledged that he had never even been asked about competency in any prior case. (*Id.* at 22). While clearly a respected oncologist, Dr. Isakoff's opinion on competency is not a reliable measure of Cassandra's maturity.

Finally, throughout its brief, Petitioner makes much of the fact that Cassandra "decided" to have chemotherapy in order to go back to her mother's home, but then violated Judge Taylor's order by refusing treatment. To be clear, there was no decision to be made. Once Petitioner became involved, it made clear its intention that Cassandra get treatment and do so on a schedule that it approved. [2] By the time of the 11/12/14 hearing before Judge Taylor, Cassandra had been removed to a foster home and it was clear that DCF was going to force her to have treatment. So her "choice" was to be forced to undergo treatment while away from home or agree to treatment and return home. This was really no choice at all, at least with respect to chemotherapy, as Petitioner was requiring

[2] Petitioner's heavy-handed approach has not served Cassandra's best interests here. Both Cassandra and her mother testified that they could have gotten to the point of accepting chemotherapy had DCF not become involved. (Tr. 11/12/14 at 178, 193). Having backed Cassandra against a wall, Petitioner now claims she has made poor decisions. Anyone faced with forced treatment and no apparent options, however, might make precisely the same decisions.

treatment either way.

While it is beyond question that she should have been absolutely forthright with the trial court, Cassandra's effort to return home is as much a result of Petitioner's heavy-handed coercion as it is of any voluntary choice on her part. To suggest that she was "willing" to undergo chemotherapy to get home but not to save her life, and that this somehow reflects immaturity on her part, is to ignore the reality that she was going to be forced into treatment either way. She has maintained throughout that she does not want chemotherapy and even admitted on the stand before Judge Taylor – before he entered any order - that her agreement to accept treatment if allowed to go home was, in part, a "ruse or ploy" to get herself home. (Tr., 11/12/14 at 177-78).[3]

REPLY ARGUMENT

I. Common Law Claims

A. Preservation

Where a trial court makes clear that it will not brook further argument or offers of proof concerning a particular line of argument, counsel adverse to the court's rulings is "entitled to accept for the time being the rulings of the court in the expectation that he would

[3] Petitioner's statement of facts contains several other inaccuracies that are less directly relevant to the central issues in this appeal. For example, Petitioner contends on p.3 that mother stopped a needle biopsy while it was in progress. Petitioner cites the testimony of Dr. Feder for this fact, but Dr. Feder testified that he was not present during the procedure in question. (Tr. 11/12/14 at 55). Cassandra, who obviously was there, testified that she'd already been "stuck" five or six times, that the doctor doing the procedure recommended not going further but gave her the option to continue, and she declined to continue with additional testing. (Tr. 11/12/14 at 174-5). There was no direct evidence to contradict Cassandra's version of events. Petitioner also claims that Cassandra testified that she was "unaware" that her mother had cancelled appointments. (Pet. Br. at 10). In fact, Cassandra testified that she had missed no appointments, but was fully aware that appointments had been rescheduled due to scheduling conflicts. (Tr. 11/12/14 at 175). A review of the complete testimony of the doctors, Cassandra and her mother demonstrates that miscommunication and scheduling difficulties were as likely reasons for rescheduled or delayed appointments as were any cancellations on the part of the Respondent.

assign them as error. The fact that he [does] accept those rulings cannot reasonably be interpreted" as a waiver of the argument in question. *State v. Velky*, 263 Conn. 602, 615, 821 A.2d 752 (2003), quoting *State* v. *Higgs*, 143 Conn. 138, 145, 120 A.2d 152 (1956). That is precisely what occurred in this case: both trial counsel for Cassandra and the Petitioner presented some evidence and argument tending to support their respective arguments concerning Cassandra's maturity, although Cassandra's counsel never mentioned the doctrine by name and DCF's counsel mentioned it only to say that it was inapplicable in Connecticut. The trial court, however, directly foreclosed arguments and evidence concerning Cassandra's maturity and her wishes concerning treatment, stating that the issue was about the mother, not the child.[4] In light of this, the mature minor argument should be deemed preserved under the rule of *Velky* and *Higgs*.

Moreover, this Court has held that on certain occasions, it will utilize its supervisory powers to reach questions not properly preserved before the trial court. *See State v. Lockhart*, 298 Conn. 537, 601 n.12, 4 A.3d 1176 (2010) (*Palmer, J., concurring*). "The exercise of our supervisory powers is "an *extraordinary* remedy to be invoked only when circumstances are such that the issue at hand, while not rising to the level of a constitutional violation, is nonetheless of utmost seriousness, not only for the integrity of a particular trial but also for the perceived fairness of the judicial system as a whole." *Lockhart*, 298 Conn. at 576 (internal citations and quotation marks omitted). The supervisory power has been exercised to reach claims not preserved at trial, where those

[4] Notably, in its initial ruling on DCF's motion to reopen, the trial court (Quinn, J.) did not address the mature minor doctrine at all, but treated the case like any child protection matter. It was only after DCF filed a motion for articulation that the trial court culled from the record certain evidence tending to support its initial ruling, relying principally on the non-clinical psychological assessment of Dr. Isakoff, an oncologist who had only recently met Cassandra. (Articulation at 3).

claims present important issues that transcend the particular case before the court. *State v. Revelo*, 256 Conn. 494, 503-504, 775 A.2d 260 (2001). The appellants contend that this is precisely such a case: the question of whether and under what circumstances a seventeen-year-old may refuse medical care is a matter of first impression that, while perhaps too rare to draw legislative attention, may well arise again in our state. In such a circumstance, DCF, parents, and hospitals would all benefit from guidance as to how to proceed, which this Court can capably provide upon the facts presented. *See Stamford Hospital v. Vega*, 236 Conn. 646, 667-68, 674 A.2d 821 (1996) (*Palmer, J., concurring*).

B. Substantive Merits

In its brief, Petitioner mirrors the trial court's understanding of the right to refuse treatment, to wit, that it is related to the nature of the health risk and the likelihood of recovery. (Pet. Br. at 15-16; Articulation at 3). Essentially, they argue that Cassandra is insufficiently mature to refuse treatment *because* the treatment is life-saving and she wants to refuse it. (Articulation at 3). Petitioner further muddles the legal issue by comparing this case to others based on relative likelihood of survival under different treatment regimens. (Pet. Br. at 18 n.2). This approach conflates the right to bodily integrity with the determination of Cassandra's maturity, when the two inquiries are independent.

First, every adult who is capable of deciding possesses an absolute right to refuse treatment, even life-saving treatment, and even if the treatment presents a good chance of survival. *See Bouvia v. Superior Court*, 179 Cal. App. 3d 1127, 1137 (Ct. App. 1986) (reviewing cases from multiple states that uphold patients' right to refuse life-saving treatment). It is of no moment that Petitioner believes that its proposed treatment strategy is the better one, or that Cassandra's motivation for making her decision is unsound. If she has the right, then she is entitled to exercise it regardless of her reasons. See, *Bouvia*, 179

Cal. App. 3d at 1145 (“the trial court seriously erred by basing its decision on the “motives” behind Elizabeth Bouvia's decision to exercise her rights. If a right exists, it matters not what “motivates” its exercise. We find nothing in the law to suggest the right to refuse medical treatment may be exercised only if the patient's motives meet someone else's approval.”)

Because she is a minor, the trial court must separately determine whether Cassandra is mature enough to decide as though she were an adult. A mature person may have good or bad motives, but their level of maturity will not always be reflected by those motives, so the two concepts must be considered independently. To argue, as Petitioner has, that Cassandra is not mature enough to make an adult decision precisely because she is making a decision that an adult would be allowed to make simply begs the question.

C. *In re E.G.* Is Highly Similar To The Case At Bar

Petitioner argues that the bulk of the cases from sister states adopting the mature minor doctrine are not entirely analogous to the case at bar, because they involve tort liability. (Pet. Br. at 23-25)., It erroneously concludes, most importantly, that *In re E.G.*, 133 Ill. 98, 549 N.E.2d 322 (1989) is inapposite, principally by focusing on factual details that the Illinois court did not deem determinative, and on procedural distinctions between the two cases. (Pet. Br. at 26).

First, Petitioner notes that the likelihood of long-term survival for the seventeen-year-old in *E.G.* was 20-25%, even with treatment, as compared to Cassandra’s much greater likelihood of survival. *Id.* at 26-27. While accurate, this distinction is not relevant. As stated above, the right to refuse treatment includes the right to refuse life-saving treatment. The Illinois court merely recites E.G.’s prognosis as part of the underlying facts of the case, while giving no particular importance to it. *In re E.G.*, 133 Ill. 2d at 102. (In fact, when *In re*

E.G. was decided, it was already well settled under Illinois law that adults could refuse treatment without regard to their relative likelihood of survival with or without that treatment. *In re Estate of Brooks*, 32 Ill. 2d 361, 373, 205 N.E.2d 435 (1965).)

Second, Petitioner makes much of the fact that the trial court in *In re E.G.* was able to determine by clear and convincing evidence that the young woman in that case was mature.[5] (Pet. Br. at 27). Petitioner neglects to mention that E.G., like Cassandra, was not able to obtain this determination the first time she came before the trial court – the matter was called by the trial court for reconsideration six weeks after the initial ruling, and after the contested medical treatment had already been implemented. *In re E.G.*, 161 Ill. App. 3d at 767. That Cassandra has not had the opportunity to make a similar showing is more a product of the particular way in which the case at bar proceeded to appeal than of its merits.

As noted above, the trial court (Taylor, J.) initially directed trial counsel not to focus on Cassandra's consent or lack thereof, and then ruled (Quinn, J.) without mention of or apparent regard to Cassandra's ability to consent. Thereafter, trial and appellate counsel, operating without the subsequent expedited articulation and at a moment when the contested treatment had not yet begun, sought an injunction from the trial court to allow time for an expedited appeal, and when that was denied, sought immediate relief from this Court. Thus Cassandra never had the opportunity to return to the trial court, as E.G. did, to develop more completely the evidence of her maturity. Rather, she sought the most expeditious remedy available for the trial court's complete refusal to consider her mature minor argument. It was only after the appeal was already filed and scheduled before this Court that Petitioner sought and obtained and articulation (that Cassandra and her mother

[5] Notably, and contrary to Petitioner's assertion, the *In re E.G.* court nowhere explicitly puts the burden on the minor to prove maturity.

contend is based on an inadequate record). (*See* Appellants' Brief at 14-16). What Cassandra seeks in this appeal is precisely what E.G. was able to obtain through a further hearing before the trial court: a full evidentiary inquiry into her maturity.

D. Legislative Activity

Petitioner also suggests that, since the legislature has carved out certain areas in which minors may make medical decisions, but has not adopted a broad "mature minor" rule, this suggests a legislative policy against this Court adopting such a rule. (Pet. Br. at 21-23). As explained in Appellant's primary brief, the fact that the legislature has recognized that minors can make mature decisions in certain cases reflects a legislative understanding that maturity does not simply happen all at once when a person turns 18. Maturity is developed at different rates and with respect to different issues, all depending on the individual in question. (See, Appellants' Br. at 25-28, discussing recent science – as opposed to the older studies and cases offer by Petitioner - explaining the maturity of minors and the fact that maturity will be different depending on the issue in question.)

In fact, one of the cases Petitioner relies on most heavily takes the opposite position from Petitioner with regard to legislative enactments. In *Application of Long Island Jewish Med. Ctr.*, 147 Misc. 2d 724, 729, 557 N.Y.S.2d 239 (Sup. Ct. 1990), the New York trial court asked whether the right to consent to medical treatment should be equated with the right to refuse medical treatment (a point which is almost universally accepted and which even the Petitioner does not contest). "If so," said the court, then "there are numerous instances in our Sate's statutory law that permit minors to consent to treatment …" *Id.* That court went on to state that there was "much merit" to the mature minor doctrine, and that while it believed the minor in question was not mature, it "recommended that the Legislature or the appellate courts take a hard look at the 'mature minor' doctrine and make

it either statutory or decisional law in New York State." *Application of Long Island Jewish Med. Ctr.*, 147 Misc. 2d at 730

II. Substantive Due Process

Petitioner makes almost no argument with respect to substantive due process, except to suggest that this case may be analyzed as if it were an assisted suicide case. (Pet. Br. at 31-2). Cassandra has not expressed any desire to die, however, and while all her doctors agree that treatment would be better if made sooner rather than later, they cannot say when the failure to receive treatment will have catastrophic affects. As Dr. Isakoff testified, "[w]hat I can't predict and nobody can predict is if she's going to get sick, how sick will that be and how quickly will it happen." (Tr. 11/12/14 at 129).

Petitioner is thus left with a claim that its interest in protecting life – in a case not involving suicide - trumps Cassandra's decision with respect to treatment. As Appellants explained in detail in their primary brief, however, the Supreme Court has held that its decisions since *Roe v. Wade* "accord with Roe's view that a State's interest in the protection of life falls short of justifying any plenary override of individual liberty claims." *Planned Parenthood of Se. Pennsylvania v. Casey*, 505 U.S. 833, 857, 112 S. Ct. 2791, 2810, 120 L. Ed. 2d 674 (1992), citing *Cruzan v. Director, Mo. Dept. of Health*, 497 U.S. 261, 278, 110 S.Ct. 2841, 2851, 111 L.Ed.2d 224 (1990); cf., e.g., *Riggins v. Nevada*, 504 U.S. 127, 135, 112 S.Ct. 1810, 1815, 118 L.Ed.2d 479 (1992); *Washington v. Harper*, 494 U.S. 210, 110 S.Ct. 1028, 108 L.Ed.2d 178 (1990); see also, e.g., *Rochin v. California*, 342 U.S. 165, 72 S.Ct. 205, 96 L.Ed. 183 (1952); *Jacobson v. Massachusetts*, 197 U.S. 11, 24–30, 25 S.Ct. 358, 360–363, 49 L.Ed. 643 (1905).

III. Procedural Due Process

With respect to procedural due process, Petitioner seems to suggest that the trial court held a hearing on Cassandra's maturity, even though it claims the issue was never raised, and that this hearing met all due process requirements. (See Pet. Br. at 33-35). In

the first instance, as previously explained, no such hearing was held. Petitioner went back to the trial court with a motion to reargue after Cassandra violated Judge Taylor's original order. At both the original hearing and before Judge Quinn, the primary focus was mother's alleged neglect and the need for Cassandra to receive treatment. Even on appeal, Petitioner continues to maintain that "at its heart this case is about child neglect committed by the Respondent Mother." (Pet. Br. at 30).

Notably, Petitioner concedes that expert opinion is generally required to determine competency (Pet. Br. at 34) but argues that it is somehow not required to determine maturity. Competency is a subset of the maturity consideration. It would be futile for the court to determine that a minor is mature enough to make medical decisions without also considering whether the minor is competent to make those decisions. One naturally follows the other. So if expert testimony is required for competency, it necessarily should be part of the maturity analysis. It is undisputed, however, that the trial court heard no expert testimony regarding either competency or maturity.

IV. Remedy

Petitioner incorrectly argues that remand for a proper adolescent capacity hearing is not required in this case. First, the type of hearing needed to determine Cassandra's capacity to make complex medical decisions was never held. As described above, the December 9, 2014 hearing did not constitute a proper adolescent capacity hearing. The hearing was held without any guidance from this Court as to correct legal standard, the burden of proof that must be utilized by the trial court, or even what types of evidence are required to make a finding on maturity.

Second, remand for a proper hearing before the trial court is required because Appellants have sought review of their unpreserved claims under this Court's inherent supervisory powers, and allowing for a hearing on remand is necessary to ensure public confidence in the judicial system. Petitioner's reliance on traditional notions of issue-

preservation, while well founded in the vast majority of appeals, should have less force in the context of an emergency appeal involving novel issues of substantial public importance. This is particularly true where appellate review has been sought from the outset on the basis of this Court's inherent supervisory powers, and the relief sought involves the adoption of new procedures to ensure public confidence in Connecticut's judicial system. *State v. Elson*, 311 Conn. 726, 764-65 (2014) ("[s]upervisory powers are exercised to direct trial courts to adopt judicial procedures that will address matters that are of utmost seriousness, not only for the integrity of a particular trial but also for the perceived fairness of the judicial system as a whole"); see also *Persico v. Maher*, 191 Conn. 384, 403 (1983) ("[w]hile we are not bound to consider [unpreserved] claims of error, and do not ordinarily do so, we have [on] occasion considered a question which was not so raised, not by reason of the appellant's right to have it determined but because in our opinion in the interest of public welfare or of justice between individuals it ought to be done" [internal quotation marks omitted]).[6]

In this case, Cassandra and her mother were compelled to litigate whether the Petitioner should be permitted to force her to undergo unwanted medical treatment on an emergency basis, and the parties did so without any guidance as to what legal or evidentiary standards would govern such proceedings. The Appellants seek on appeal to have this Court provide that guidance so that all parties can litigate Cassandra's capacity to refuse life-saving medical treatment with a full understanding of the considerations that inform such proceedings.[7] As a result, this case fits the parameters of the prototypical case

[6]Cf. *Blumberg Associates Worldwide, Inc. v. Brown & Brown of Connecticut*, 311 Conn. 123, 164 n.35 (2014) ("this court occasionally has raised an issue sua sponte when the parties have misconstrued or overlooked the applicable law and the failure to raise the issue would result in the creation of unsound or questionable precedent or an inconsistency in the law").

[7]As Justice Palmer previously has noted, it is a matter of public importance that this Court "provide guidance to health care providers, trial judges and others who may be required to decide, invariably in urgent circumstances, whether routine, lifesaving medical

in which the Court has invoked its supervisory powers to decide unpreserved questions of law. See, e.g., *State v. Elson*, 311 Conn. at 777 (using supervisory power to adopt rule that "trial judge should not comment negatively on the defendant's decision to elect a trial during sentencing, given the appearance of impropriety of that consideration," and remanding for new sentencing hearing); *State v. Connor*, 292 Conn. 483, 518–19, 533 (2009) (remanding case to trial court for findings after adopting rule requiring trial court, upon finding that mentally ill or incapacitated criminal defendant is competent to stand trial and to waive right to counsel at that trial, to make additional determination that defendant is competent to conduct trial proceedings without counsel); *Roth v. Weston*, 259 Conn. 202, 232 (2002) (utilizing supervisory powers to require nonparent petitioning for visitation pursuant to General Statutes § 46b-59 must prove requisite relationship and harm by clear and convincing evidence).

Third, fundamental fairness mandates that—even where the trial court correctly applied the law as it existed at the time of trial—where the parties would be prejudiced by this Court's adoption of new rules, a new trial should be ordered. Indeed, "[s]ince the litigants and the factfinder must know at the outset of a given proceeding how the risk of error will be allocated, the standard of proof necessarily must be calibrated in advance. Retrospective case-by-case review cannot preserve fundamental fairness when a class of proceedings is governed by a constitutionally defective evidentiary standard." *Santosky v. Kramer*, 455 U.S. 745, 757 (1982); cf. *State v. Courchesne*, 296 Conn. 622, 752-53 (2010) ("We agree with the defendant's contention that the panel improperly failed to apply the principles articulated in *Guess* because, at the time of trial, neither the parties nor the panel appreciated the relevance of those principles to the present case. Because the evidence was sufficient to support the defendant's conviction under the standard that the panel did

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treatment may be administered to a patient who does not want it." *Stamford Hosp. v. Vega*, 236 Conn. 646, 668 (1996).

apply, however, the defendant is not entitled to an acquittal, as he claims; rather, he is entitled to a new trial.").

Here, the parties litigated whether to grant the petitioner authority in reliance on the trial court's clear order to focus on the Respondent mother's child protection liability, effectively foreclosing direct argument on the mature minor doctrine and without consideration of the federal constitutional implications of the case.

CONCLUSION

For all of the foregoing reasons, the Appellants urge this Court to reverse the decision of the trial court and enter judgment for Appellants. Alternatively, if this Court determines that judgment cannot enter without additional fact finding, Appellants urge the Court to remand the matter to the trial court for an appropriate hearing.

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CERTIFICATION

Pursuant to Practice Book § 67-2, I hereby certify the following:

1. This brief and appendix comply with all provisions of this rule;

2. This brief and appendix have been redacted or do not contain any names or other personal identifying information that is prohibited from disclosure by rule, statute, court order or case law;

3. This brief and appendix are true copies of the brief and appendix that were submitted electronically pursuant to subsection (g) of this section;

4. A true electronic copy of this brief and appendix were delivered via e-mail to the counsel of record listed below on December 26, 2014, and said electronic copies redacted any personal identifying information where necessary to comply with the provisions of this rule;

5. In accord with Practice Book § 62-7, a copy of this brief and appendix was sent to each counsel of record, those trial judges who rendered a decision that is the subject of this appeal, and my client, on December 26, 2014, as further detailed below.

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