

W A I V E R

SUPREME COURT OF THE UNITED STATES

No. 24-1110

Saint Anthony Hospital

(Petitioner)

Elizabeth M. Whitehorn

V.

(Respondent)

I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court.

Please check the appropriate box:

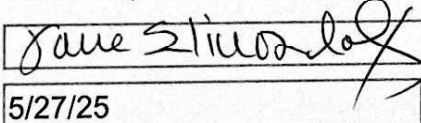
- ☐ I am filing this waiver on behalf of all respondents.
- ☒ I only represent some respondents. I am filing this waiver on behalf of the following respondent(s):

Elizabeth M. Whitehorn, Director, Illinois Department of Healthcare and Family Services

Please check the appropriate box:

- ☒ I am a member of the Bar of the Supreme Court of the United States. (Filing Instructions: File a signed Waiver in the Supreme Court Electronic Filing System. The system will prompt you to enter your appearance first.)
- ☐ I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member. (Filing Instructions: Mail the original signed form to: Supreme Court, Attn: Clerk's Office, 1 First Street, NE, Washington, D.C. 20543).

Signature:



Date:

5/27/25

(Type or print) Name

Jane Elinor Notz

☐ Mr. ☒ Ms. ☐ Mrs. ☐ Miss

Firm

Kwame Raoul, Illinois Attorney General

Address

115 S. LaSalle St.

City & State

Chicago, IL

Zip 60603

Phone

(312) 814-5376

Email

jane.notz@ilag.gov

A copy of this form must be sent to petitioner's counsel or to petitioner if *pro se*. Please indicate below the name(s) of the recipient(s) of a copy of this form. No additional certificate of service or cover letter is required.

cc:

Edward Feldman; Hugh S. Balsam; Steven T. Whitmer; Kevin D. Tessier; Kirstin B. Ives; Silvia Mercado Masters.