QCAT

Queensland Civil and Administrative Tribunal

Annexure B

OPT OUT NOTICE

Case number:	**ADL056-25**
Applicant:	**SY by PY**
First Respondent:	**State of Queensland (Queensland Health)**
Second Respondent:	**The Minister for Health and Ambulance Services**

I, _____ [full name],

of _____ [address],

(please tick one)

[ ] I am 18 or over and, before turning 18, I was a minor in Queensland diagnosed with gender dysphoria who had not commenced receiving Stage 1 (puberty blockers) or Stage 2 (gender-affirming hormone therapy) treatment prior to 28 January 2025. I give notice that **I opt out** of proceeding ADL056-25, currently before the Queensland Civil and Administrative Tribunal.

[ ] I am the parent or litigation guardian of _____ [name of minor], who is or was a minor in Queensland diagnosed with gender dysphoria who had not commenced receiving Stage 1 (puberty blockers) or Stage 2 (gender-affirming hormone therapy) treatment prior to 28 January 2025. I give this notice on that minor's behalf, and give notice that **the minor named above opts out** of proceeding ADL056-25, currently before the Queensland Civil and Administrative Tribunal.

Signature Date