# Exhibit 2

to the Declaration of Cody Gray in Support of Children's Hospital's Motion to Quash Subpoena and Motion to Restrict

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**From:** Dahlquist, Scott B. <Scott.B.Dahlquist@usdoj.gov>
**Sent:** Wednesday, July 30, 2025 1:47:31 PM
**To:** Elliot Peters <EPeters@keker.com>; Cody Gray <CGray@keker.com>
**Cc:** Campbell, Jordan C (CIV) <Jordan.C.Campbell@usdoj.gov>; Goldstein, Ross <Ross.Goldstein@usdoj.gov>; Gunn, David L. <David.L.Gunn@usdoj.gov>; Runkle, Patrick <Patrick.R.Runkle@usdoj.gov>; Scott, Steven R. <Steven.R.Scott@usdoj.gov>
**Subject:** Children's Hospital Colorado

**[EXTERNAL]**

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Dear Elliot and Cody,

Thank you to you and your colleagues Aseem and Katherine (whose emails we did not have) for taking time to talk with us yesterday about the subpoena issued to your client. As discussed, we write to confirm several of the representations made during the call. As a general matter, our investigation concerns care provided to minors experiencing gender-related distress and the treatments and services provided to them. Anything falling outside of that arena is currently not the subject of the investigation, and as a general rule, you may read the enumerated Documents to be Produced in that light. Below we detail some of the specific items discussed.

First, and pertinent to some of the Documents to be Produced, you confirmed that your client, Children's Colorado, has a dedicated practice group or team that handles minor patients experiencing gender-related distress (the "Gender Clinic"). With that in mind, we clarified that, with respect to item (1) of the Documents to be Produced, we are seeking only to identify each person connected to Children's Colorado Gender Clinic. Where we call for the personnel file, we mean to include documents sufficient to show the identity of each individual and information related to their credentialing, hiring, compensation, and any derogatory information (e.g., disciplinary action taken against a particular individual). This includes for persons with decision-making authority governing the Gender Clinic, or any personnel involved in the provision of care at the Gender Clinic.

With respect to items (2) and (3), you expressed that your interpretation of them, as read together, is that they effectively call for documents related to all billing codes related to minors. We clarified that, again, the specs are to be read in the context of the investigation's focus on the care provided to

minor patients experiencing gender-related distress. In that context, these specs intended to encompass documents/data related to, on the one hand, patients treated at the gender clinic for whom the specific diagnosis codes of identifying transsexualism, gender dysphoria, gender incongruence, or gender identity disorder, and also patients treated at the Gender Clinic for conditions other than what might be specifically coded as related to gender-dysphoria. The latter is intended to call for information regarding care provided by the Gender Clinic but for whatever reason was not specific to transsexualism, gender dysphoria, gender incongruence, or gender identity disorder. By way of example, this could involve minors who were provided gender-related care or treatment but received care described as treating endocrine disorder, or hormone disorder, or other conditions.

With respect to item (5), we clarified that this item be limited to minors.

Again, we appreciate your engagement and helpful dialogue. Please let us know whether these clarifications are helpful. We would be glad to discuss further where any areas may be clarified to fit within the general focus we have described.

Best,
Scott