

CAUSE NO. _____

NAME,

Plaintiff,

v.

ST. DAVID’S NORTH AUSTIN
MEDICAL CENTER,

Defendant

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IN THE DISTRICT COURT OF

TRAVIS COUNTY, TEXAS

_____ JUDICIAL DISTRICT

UNOPPOSED MOTION TO RELEASE MEDICAL WASTE

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES **NAME**, the Plaintiff herein, and files this Unopposed Motion to Release Medical Waste and in support thereof respectfully shows the Court as follows:

1. On or about **date**, Ms. **LAST NAME** will give birth to a baby at the St. David’s North Austin Medical Center.
2. Ms. **LAST NAME** has requested that she be allowed to take the placenta home with her following the birth so that she may **plant a tree** for her **son/daughter**. Ms. **LAST NAME** wishes to **bury the placenta with the newly planted tree**.
3. While St. David’s does not oppose releasing the placenta to Ms. **LAST NAME**, Texas law requires that an exemption to the medical waste disposal law exist, or that a court order be obtained in order to dispose of the placenta in a manner that is not contemplated by the law.
4. Specially, Title 25, Part 1, Chapter 1, Subchapter K, Rule 1.133 regulates how medical waste is to be disposed of in Texas. While there are certain exemptions which allow disposal of medical waste by other means, none of those exemptions apply to the release of a placenta to a parent.
5. Ms. **LAST NAME** respectfully requests that the Court order St. David’s North Austin Medical Center to release the placenta to Ms. **LAST NAME** upon the birth of her child.

WHEREFORE, PREMISES CONSIDERED, Plaintiff requests that this Court enter an order directing the Defendant to release the placenta to Ms. **LAST NAME** in order that she may bury the placenta with a tree she is planting in honor of her son/daughter.

Respectfully submitted,

NAME
Home Address
Austin, Texas **ZIP**
(512) **xxx-xxxx** (Telephone)

By _____
NAME
Pro Se

CERTIFICATE OF CONFERENCE

I hereby certify that on the **(day)** day of **(month)**, **(year)**, I conferred with Eileen Dunne, Risk Manager for St. David's North Austin Medical Center, who approved the filing of this Unopposed Motion to Release Medical Waste. Ms. Dunne is unopposed to the motion.

NAME, Plaintiff

Eileen Dunne, Risk Manager
St. David's North Austin Medical Center

CERTIFICATE OF SERVICE

The undersigned certifies that, in accordance with the Texas Rules of Civil Procedure, a true and correct copy of the foregoing document was served by Ms. **LAST NAME** on this **(day)** day of **(month)**, **(year)**.

NAME, Plaintiff

Eileen Dunne, Risk Manager
St. David's North Austin Medical Center