

CIVIL ACTION NO. 3:06-CV-0744-N

CLASS ACTION COMPLAINT OF DISABILITY ACCOMMODATIONS DISCRIMINATION

**DECLARATION** (18 years and older)

Pursuant to federal law (28 U.S.C. § 1746), I declare under penalty of perjury that the following is true and correct.

1. My name is \_\_\_\_\_. I am over the age of 18 and I am competent to make this declaration, I have personal knowledge of the facts contained herein, and I swear that these facts are true and correct.

2. I am a person with a mobility impairment disability, in that I use a wheelchair or scooter for mobility, or use a walker, crutches, or a cane to walk. I have attached records to this declaration showing my disability and I swear that the attached records are true and correct.

3. On or about \_\_\_\_\_ I visited a Café Brazil restaurant and my use and enjoyment of the property was impeded by an architectural barrier at the property, or I would have visited such property but for an architectural barrier at the property.

4. My mailing address is: \_\_\_\_\_ My telephone number is: (\_\_\_\_)\_\_\_\_\_.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

Signature: \_\_\_\_\_ Print name here: \_\_\_\_\_

**MAIL THIS FORM TO:**

**Café Brazil Class Administration  
1205 Lake Street, Ft. Worth, TX 76102-4501**

**For questions, call 814-654-9614**

Please send my damage award to \_\_\_\_\_, a non profit corporation, as a donation in my name.

Signature: \_\_\_\_\_

**Please Note that you must attach some Proof of a Mobility Impairment Disability by providing a copy of records from the social security department, doctor's letter or record, insurance disability application record, military record, state agency record, Medicare record, or other such record to receive a damage award in this class action.**