

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

FRANCIS KEY and LEE BURRELL
Plaintiffs,

v.

**BONE DADDY’S, INC., RANCHO
KEYSTONE PARK, LP, KEYSTONE
PARK RANCHO, LLC,**
Defendants.



CIVIL ACTION NO. 3:08-CV-1111-L

**CLASS ACTION COMPLAINT OF
DISABILITY ACCOMMODATIONS
DISCRIMINATION**

ECF

NOTICE OF CLASS ACTION AND SETTLEMENT

TO: All persons who are considered disabled because they use wheelchairs, walkers, canes, crutches, or scooters who actually visited a Bone Daddy’s restaurant or would have visited a Bone Daddy’s restaurant but for an architectural barrier at the property.

YOU MAY BE ENTITLED TO MAKE A CLAIM

PLEASE READ THIS NOTICE CAREFULLY. THIS IS NOT A NOTICE OF A LAWSUIT AGAINST YOU. YOU MAY BENEFIT FROM READING THIS NOTICE.

WHAT THIS LAWSUIT IS ABOUT

Lee Burrell and Francis Key filed a class action lawsuit against Bone Daddy’s, Inc., Rancho Keystone Park, LP, and Keystone Park Rancho, LLC (“Defendants”) alleging violations of Americans with Disabilities Act and State Law for failure to remove architectural barriers at Bone Daddy’s restaurants in the United States District Court for the Northern District of Texas alleging violations of Americans with Disabilities Act, the Texas Human Resources Code, and the Texas Architectural Barrier Act.

United States District Court Judge Sam A. Lindsay determined that this action should proceed as a class action with respect to the claims of the class described above against these Defendants for purposes of settlement only, with Burrell and Key as the representatives of the class and Kenneth Carden and Palmer Bailey as class counsel. After a fairness hearing, the Court has approved the settlement and entered a consent decree.

This notice explains the nature of the lawsuit and the terms of the settlement, and informs you of your legal rights and obligations.

EXHIBIT G

NO ADMISSION OF LIABILITY

By settling this lawsuit, Defendants are not admitting that they have done anything wrong. Defendants expressly deny that they did anything wrong. The Court has not made any decision concerning the merits of the lawsuit.

THE SETTLEMENT

DEFENDANTS HAVE AGREED TO THE SETTLEMENT DESCRIBED BELOW. IF YOU WISH TO RECEIVE PAYMENT UNDER THIS SETTLEMENT, YOU MUST PROVIDE THE INFORMATION DESCRIBED BELOW.

1. Payment to each class member. Defendants have agreed to pay claims of \$100 to each qualifying class member. If your claim is accepted, payment shall be mailed to you after you submit your claim.

2. If you wish to receive the payment of \$100 as a qualifying class member it will be necessary for you to provide a declaration like the one attached to this notice that (1) you have visited a Bone Daddy's restaurant and your use and enjoyment of the property was impeded by an architectural barrier at the property or you would have visited Bone Daddy's restaurant but for an architectural barrier at that property and (2) document that you are a person with an ADA mobility impairment disability by suitable records, such as records from the Social Security Administration, doctors' records, insurance disability application records, military records, state agency records, or Medicare records. A copy of the declaration is attached to this notice. The determination of any applicant's qualifications for membership in the class may be reviewed at a hearing attended by the parties held by a United States Magistrate Judge or a special master appointed by the Court prior to payment.

WHAT YOU SHOULD DO NOW

IN ORDER TO RECEIVE THE BENEFITS TO WHICH YOU MAY BE ENTITLED UNDER THE SETTLEMENT AGREEMENT OUTLINED ABOVE, YOU WILL NEED TO SEND THE DECLARATION AND DOCUMENTATION OF YOUR DISABILITY TO BONE DADDY'S CLASS ADMINISTRATION AT:

**Bone Daddy's Class Administration
205 Lake Street
Fort Worth, Texas 76102-4501**

ON OR BEFORE DECEMBER 22, 2009. If you are entitled to money, your payment will be mailed to you within 30 days of the receipt of your claim.

EXHIBIT G

IF YOU HAVE ANY QUESTIONS, CONTACT BONE DADDY'S CLASS ADMINISTRATION AT 205 LAKE STREET, FORT WORTH, TX 76102-4501 OR GO TO www.bonedaddys.com OR CALL 817/654-9614 metro. DO NOT ADDRESS QUESTIONS ABOUT THE SETTLEMENT OR LITIGATION TO THE CLERK OF THE COURT OR JUDGE.

EXHIBIT G

CIVIL ACTION NO. 3:08-CV-1111-L

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 Bone Daddy's 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:

**Bone Daddy's Class Administration
205 Lake Street
Fort Worth, Texas 76102-4501**

For questions, call 817/654-9614 metro

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

Signature: _____

**PLEASE NOTE THAT YOU MUST ATTACH RECORDS TO THIS
DECLARATION SHOWING YOUR DISABILITY TO RECEIVE A
MONETARY DAMAGE AWARD IN THIS CLASS ACTION.**

EXHIBIT B

CIVIL ACTION NO. 3:08-CV-1111-L
CLASS ACTION COMPLAINT OF DISABILITY ACCOMMODATIONS
DISCRIMINATION

DECLARATION BY PARENT OR GUARDIAN
(Child younger than 18 years of age)

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 the parent or legal guardian of _____ , a child younger than 18 years of age. 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. My minor child or ward listed in paragraph 1 above is a person with a mobility impairment disability, in that he/she uses a wheelchair or scooter for mobility, or uses a walker, crutches, or a cane to walk. **I have attached records to this declaration showing his/her disability and I swear that the attached records are true and correct.**

3. On or about _____ my minor child or ward visited a Bone Daddy's restaurant and his/her use and enjoyment of the property was impeded by an architectural barrier at the property, or he/she 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:

Bone Daddy's Class Administration
205 Lake Street
Fort Worth, Texas 76102-4501

For questions, call 817/654-9614 metro

Please send my damage award to _____ , a non profit corporation, as a donation in my minor child's or ward's name.

Signature: _____

PLEASE NOTE THAT YOU MUST ATTACH RECORDS TO THIS DECLARATION SHOWING YOUR DISABILITY TO RECEIVE A MONETARY DAMAGE AWARD IN THIS CLASS ACTION.

EXHIBIT C