

**Subject:** Re: Request for Guidance – ADA Accommodation Process  
**Date:** Monday, October 13, 2025 at 4:57:42 PM Central Daylight Time  
**From:** Copeland, Katie  
**To:** Courts - 141st Judicial District Court  
**Attachments:** 2025.09.29 NOH.pdf, 2025.09.29 Amended NOH.pdf, 2025.09.11 Dire Needs Letter from Dr Tran.pdf, 2025.09.10 Dr. Huang Letter of Support.pdf, Confidential – Submitted to Court for ADA Accommodation Purposes Only - Ferguson and Bui Letters.pdf, NOH Template.docx, Defendant\_Motion\_for\_ADA\_Accommodations\_and\_Written\_Submission.docx

Dear Ms. James,

Thank you again for your kindness and patience with me. I've been trying to make sure I understand the next steps so I can participate effectively and without creating extra work for the Court. I have been working on this email for hours, but my mind is giving me so much trouble with executive functioning and I am definitely overwhelmed. Please forgive disjointedness.

Could you please help me clarify a few things about the **October 16 (9 a.m.)** setting?

**1. Scope of the hearing:**

My understanding is that the Court may be hearing (a) Plaintiffs' application related to the October 2 TRO, (b) my Emergency Motion for Preservation and Temporary Relief, (c) my motion for transcript (by submission), and (d) maybe my special exceptions? I would love to take time to get things right and hopefully get a lawyer (and discovery responses back) before I commit to the hearing date, but at the same time, I am in urgent need of relief from the court and reimbursements from plaintiffs so I don't end up homeless next week.

Can you please confirm whether these are the only matters set, or if there are additional motions or issues? I am attaching a word document for notice of hearing. I am already out of the unit so I do not know if a hearing on their TRO is necessary.

**2. Format and accommodations:**

Because of my documented brain injury and related communication difficulties, I'm hoping to coordinate ADA accommodations that let me participate meaningfully. I am having trouble putting into words what I need and why. I struggle with communicating my thoughts. I am much better in writing, but even that is limited and slow. I am attaching what I have been working on so you have an idea of what I am trying to say. ChatGPT helped me pull together my medical records to explain things - that is the draft word document that is attached.

Could the Court consider:

- Allowing me to **appear by Zoom**;

### 3. Next steps:

Once I understand what's set and how the Court prefers to proceed, I may file a short formal motion outlining the specific accommodations and attach my doctors' letters so everything is in proper order.

I truly appreciate your help in finding the best way to accommodate my needs while still allowing the Court to move the case forward efficiently.

Warm regards,

**Katie Copeland**

(817) 789-8498

[K.M.Copeland@tcu.edu](mailto:K.M.Copeland@tcu.edu)

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**From:** Courts - 141st Judicial District Court <[141stJDC@tarrantcountytx.gov](mailto:141stJDC@tarrantcountytx.gov)>

**Date:** Monday, October 13, 2025 at 10:44 AM

**To:** Copeland, Katie <[K.M.COPELAND@tcu.edu](mailto:K.M.COPELAND@tcu.edu)>

**Subject:** RE: Request for Guidance – ADA Accommodation Process

**[EXTERNAL EMAIL WARNING] DO NOT CLICK LINKS or open attachments unless you recognize the sender and know the content is safe.**

Ms. Copeland,

You can make your requests to me. However, please note that there are hearings that need to be conducted orally as there are discussions that need to occur and that cannot be done via submission. If you need to appear either by phone or by Zoom for medical reasons, we can usually accommodate that request. It will honestly depends on what the hearing is about. If you have any questions, please give me a call.

Cori James

Court Coordinator

141<sup>st</sup> District Court

100 N. Calhoun Street

Fort Worth, Texas 76102

817-884-1992

[141stJDC@tarrantcountytx.gov](mailto:141stJDC@tarrantcountytx.gov)

**From:** Copeland, Katie <[K.M.COPELAND@tcu.edu](mailto:K.M.COPELAND@tcu.edu)>

**Sent:** Friday, October 10, 2025 5:13 PM

**To:** Courts - 141st Judicial District Court <[141stJDC@tarrantcountytx.gov](mailto:141stJDC@tarrantcountytx.gov)>

**Subject:** Request for Guidance – ADA Accommodation Process

Ms. James,

I hope you're doing well. I'm reaching out to ask how Judge Chupp prefers to handle ADA accommodation requests.

I have a medically documented brain injury and related communication disability, and I am currently self-represented while working to secure counsel. Because my condition affects my ability to communicate and organize information under time pressure, I want to ensure that I request any reasonable modifications in the proper way.

Since I'm not aware of a designated ADA liaison for this court, could you please let me know whether Judge Chupp prefers these requests to be made in writing directly to the Court, or through your office?

Thank you very much for your help and understanding.

Respectfully,

**Katie Copeland**  
817-789-8498

University Hospital Physical Medicine & Rehabilitation Clinic  
Clinic Phone: 214-645-2080

September 8, 2025

Patient Name: Kathryn Copeland  
DOB: June 28, 1985

RE: Medical Statement for Disability Application

To Whom It May Concern,

I am writing this statement in support of Kathryn Copeland's application for Social Security Disability Insurance and Supplemental Security Income. She has been under my care at UTSouthwestern since October 8, 2024, for Hypermobility EhlersDanlos Syndrome (hEDS), Mast Cell Activation Syndrome (MCAS) and Postural Orthostatic Tachycardia Syndrome (POTS). These are severe chronic illnesses that significantly impair her daily functioning and ability to sustain employment.

In addition to these primary conditions, review of her medical records shows she is also being treated for the following chronic and compounding illnesses: Long COVID, Median Arcuate Ligament Syndrome (MALS), a vestibular schwannoma (brain tumor), Hashimoto's disease with severely low iron requiring three iron infusions, bilateral vision loss and binocular dysfunction linked to toxic mold exposure, depression, post-traumatic stress disorder (PTSD), and immune abnormalities including hypogammaglobulinemia.

Her July 2025 evaluation by Dr. Alfred Johnson documented toxic mold exposure with extremely elevated levels of Aspergillus, Chaetomium, and Stachybotrys. He noted severe chronic fatigue (up to 18 hours/day bedridden), 30 lbs of weight loss, cognitive impairment, and hyperbaric oxygen therapy and urgent need for relocation.

Since my prior March 2025 statement, Ms. Copeland's health has further deteriorated. She was displaced in June/July 2025 due to mold contamination and has been forced to live in a hotel. This unstable housing situation prevents her from accessing home health nursing and supportive services previously prescribed, further worsening her decline.

She continues to experience severe and disabling symptoms, including:

- Severe systemic inflammation.


- Persistent fatigue and post-exertional malaise.
- Orthostatic intolerance, dizziness, tremors, and frequent migraines.
- Neurological and sensory issues, including visual disturbances and light sensitivity.
- Severe GI impairment with ongoing nutritional instability.
- Cognitive dysfunction, including impaired memory, slowed processing, and executive dysfunction.

Her PROMIS-29 scores from September 2025 confirm extremely poor physical function, high fatigue, high pain interference, and significant mood symptoms. Despite treatment efforts, her condition remains chronic, disabling, and unlikely to improve.

Without access to disability benefits, Ms. Copeland is unable to secure safe housing, purchase adequate food, obtain necessary medications, or pay for transportation to medical appointments. This lack of resources is directly worsening her health and preventing her from accessing prescribed care.

In my professional opinion, Ms. Copeland remains unable to perform sustained work activity and is in urgent need of financial and medical support to stabilize her living conditions and prevent irreversible decline.

Sincerely,

 9/10/25

Isabel Huang, MD  
UT Southwestern Medical Center

**Patient Name:** Kathryn Copeland

**DOB:** June 28, 1985

**Date:** September 11, 2025

**Provider Name & Credentials:** Kim Tran, M.D.

**Facility:** UT Southwestern Medical Center  
600 S Main St 3rd Floor, Suite 500  
Fort Worth, TX 76104

**Dire Needs Letter**

To Whom It May Concern,

I am the primary care physician for Kathryn Copeland. She has been under my care for multiple chronic medical conditions that significantly impair her daily functioning, including hypermobile Ehlers-Danlos Syndrome (hEDS), Postural Orthostatic Tachycardia Syndrome (POTS), Mast Cell Activation Syndrome (MCAS), Long COVID/ME-CFS, Median Arcuate Ligament Syndrome (MALS), Hashimoto's thyroid disease, immune system abnormalities (hypergammaglobulinemia), a vestibular schwannoma, and complications from toxic mold exposure.

These conditions collectively cause severe fatigue, post-exertional malaise, autonomic instability, chronic pain, tremors, migraines, visual disturbances, and cognitive dysfunction (slowed processing, memory impairment, and brain fog). Even minimal exertion can trigger symptom flares requiring extended rest.

Since early 2025, Ms. Copeland's health has worsened. She was displaced from her home in June/July 2025 due to toxic mold and has been forced to live in unstable hotel housing. This disruption prevents her from accessing prescribed home health services, therapy, and ongoing medical care, further compromising her health.

In my professional medical opinion, Ms. Copeland is unable to sustain an eight-hour workday, five days per week, on a regular and continuing basis. She requires frequent unscheduled breaks, must recline or lie down throughout the day, and would miss multiple days of work each month due to her conditions. These limitations are consistent with the updated Residual Functional Capacity Questionnaire I completed on September 10, 2025.

Without disability benefits, Ms. Copeland cannot maintain safe housing, afford adequate food, secure medications, or access consistent treatment. This lack of resources is directly worsening her condition and places her at risk of irreversible decline.

It is my medical opinion that Ms. Copeland remains unable to perform substantial gainful activity and is in urgent need of disability benefits to stabilize her health and living situation.

Sincerely,



Kim Tran, M.D  
UT Southwestern Medical Center

## Residual Functional Capacity Questionnaire PHYSICAL RESIDUAL FUNCTION CAPACITY

Patient: Kathryn Copeland

DOB: 6/28/1985

Physician completing this form: Dr. Kim Tran

Please complete the following questions regarding this patient's impairments and attach all supporting treatment notes, radiologist reports, laboratory and test results.

### Symptoms & Diagnosis

What diagnoses has this patient received? Hypergammaglobulinemia (immune dysfunction),

Long COVID, Fibromyalgia, Hypermobility EDS, POTS, MCAS, MALS, Hashimoto's, Toxic mold exposure with visual impairment & cognitive decline, vestibular schwannoma, depression, PTSD

Describe the patient's symptoms, such as pain, dizziness, fatigue, etc. Post-exertional malaise,

chronic pain (muscle, joint, neuropathic), orthostatic intolerance, memory issues, slowed processing, chronic headaches, unrefreshing sleep, sensory sensitivities, visual decline, fatigue (bed 18 hrs/day)

Does the patient have chronic pain/paresthesia? ☒ Yes ☐ No

Describe the patient's type of pain, location, frequency, precipitating factors, and severity. \_\_\_\_\_

Chronic widespread pain affecting muscles, joints, and nerves. Frequent neuropathic pain (burning, tingling) and joint instability pain (due to hEDS). Pain is daily and worsens with activity, standing, overexertion, or prolonged sitting. Severity varies but is often debilitating, requiring rest and medication for management.

Please indicate all positive objective signs exhibited by the patient:

☐ Decreased range of motion (list specific joints): \_\_\_\_\_

☐ Crepitus

☐ Joint Swelling

☒ Spasms

☐ Abnormal gait

☒ Impaired appetite

☒ Reduced grip strength

☐ Joint Deformity

☐ Joint Redness

☒ Weakness

☒ Abnormal posture

☒ Impaired sleep

☒ Joint Instability

☐ Joint Warmth

☐ Trigger points

☒ Fatigue

☒ Malaise

☒ Sensory changes

☒ Joint Tenderness

☒ Atrophy

☐ Reflex changes

☐ Fever

☐ Positive straight leg test

☒ Weight loss (Involuntary)

What is the earliest date that the above description of limitations applies? December

2022

Have these symptoms lasted (or are they expected to last) twelve months or longer? ☒ Yes ☐ No

Are this patient's symptoms and functional limitations impacted by emotional factors? ☒ Yes ☐ No

If yes, please mark any known psychological conditions that affect this patient's pain:

☒ Depression

☒ Anxiety

☐ Somatoform disorder

☐ Personality disorder

☒ Other: ADHD,

PTSD

Are these physical and emotional impairments reasonably consistent with the patient's symptoms and functional limitations? ☒ Yes ☐ No

If no, please explain: Katie's physical and emotional impairments are fully consistent with her symptoms and functional limitations. Her severe fatigue, post-exertional malaise (PEM), cognitive dysfunction, chronic pain, and orthostatic intolerance (POTS) are well-documented and align with her inability to sustain work, perform daily tasks, or engage in routine activities without severe consequences.

## Testing & Treatments

Identify any positive clinical findings and test results: \_\_\_\_\_

Compass 31 Score: 58.7 (indicating significant autonomic dysfunction/POTS), abnormal neurocognitive testing (documented memory impairment, slowed processing speed), abnormal vestibular testing (balance deficits), MRI confirming vestibular schwannoma, and unrefreshing sleep consistent with disrupted sleep architecture.

Please list the patient's current medications: Levothyroxine 50 mcg, Adderall XR (30 mg), Namenda 10 mg twice daily, Sertraline 100 mg, Gabapentin 300 mg three times daily, Auvelity (Dextromethorphan-Bupropion) 45-105 mg twice daily, Low-Do Naltrexone 4.5 mg, Zyrtec 10 mg, Singulair 10 mg twice, Trazodone 100 mg nightly, Prazosin 3 mg nightly, Clonazepam 0.5 mg as needed, Propranolol 20 mg as needed, Potassium

Please indicate the treatment type, start dates, and frequency: Katie's treatment includes medication management (ongoing since diagnosis), physical therapy, cognitive therapy, dietary modifications for MALS and Celiac Disease, and autonomic dysfunction management (fluids, salt intake, compression garments). She started Long COVID treatment in June 2023, began cognitive therapy in late 2023, and continues medication therapy daily. She follows up with specialists, including neurology, rheumatology, psychiatric, and physical rehabilitation medicine, every 3-6 months.

What is the patient's prognosis? Katie's condition is chronic and disabling, with no expected significant improvement despite treatment.

Is this patient a malingering? ☐ Yes ☒ No

## Functional Work Limitations

When answering the following questions, please consider this patient's impairments and estimate his or her ability to work in a competitive work environment for an 8-hour shift with normal breaks.

How often do you expect this patient's pain or symptoms to interfere with the attention and concentration necessary to perform simple work tasks?

- ☐ Never
- ☐ Rarely (1% to 5% of an 8 hour working day)
- ☐ Occasionally (6% to 33% of an 8 hour working day)
- ☐ Frequently (34% to 66% of an 8 hour working day)
- ☒ Constantly

How well do you expect this patient to be able to tolerate work stress?

- ☒ Incapable of even "low stress" jobs
- ☐ Only capable of low stress jobs
- ☐ Moderate stress is okay
- ☐ Capable of high stress situations

Explain: Stress worsens POTS, fatigue, pain, and cognitive dysfunction, triggering crashes that last for days. She cannot sustain focus or physical endurance, even with accommodations.

Is this patient taking any medications with side effects that may affect his or her ability to work?

- ☒ Yes ☐ No

If yes, please list possible side effects. Katie's medications cause significant side effects, including cognitive impairment, brain fog, drowsiness, dizziness, nausea, and fluctuations in blood pressure. These side effects further limit her ability to concentrate, complete tasks, and maintain a consistent

How far can this patient walk without rest or severe pain? Less than 200 feet

How long can this patient sit comfortably at one time before needing to get up?

Minutes: 0 5 10 15 20 30 45  
Hours: 1 2 Longer than 2

What must the patient usually do after sitting this long?

- ☐ Stand
- ☐ Walk
- ☒ Lie Down
- ☒ Other:

She can sit comfortably for 10-15 minutes before needing to change positions or lie down due to pain, circulatory issues, and muscle weakness.



How long can this patient stand comfortably at one time before needing to sit or walk around?

Minutes: 0 ☒ 5 10 15 20 30 45

Hours: 1 2 Longer than 2

What must the patient usually do after sitting this long? ☒ Sit ☐ Walk ☒ Lie Down ☐ Other: After sitting for this duration, she must lie down or recline to alleviate symptoms and prevent worsening dysautonomia and post-exertional malaise.

How long can this patient sit in an 8-hour working day?

- ☒ less than 2 hours  
☐ about 2 hours  
☐ about 4 hours  
☐ at least 6 hours

How long can this patient stand and/or walk in an 8-hour working day?

- ☒ less than 2 hours  
☐ about 2 hours  
☐ about 4 hours  
☐ at least 6 hours

Does this patient need to include periods of walking in an 8-hour working day?

☒ Yes ☐ No

If yes, how long? 5 10 15 20 ☒ 30 45 60 90 minutes

How often? 1 2 3 4 5 6 7 8 9 ☒ 10

Does this patient require a job that allows the opportunity to change between sitting, standing and walking at will? ☒ Yes ☐ No

Does this patient require unscheduled breaks?

☒ Yes ☐ No

If yes, how often? She needs the ability to change positions at will and take more than 10 breaks per day, lasting 20-30 minutes each.

During this time, this patient will need to ☒ lie down ☐ sit quietly for 20-30 minutes.

With prolonged sitting, should this patient's leg(s) be elevated?

☒ Yes ☐ No

If yes, for what percentage of time in an 8-hour day? 50 %

During occasional standing/walking, does this patient require a cane or other assistive device?

☒ Yes ☐ No

How many pounds can this patient lift and carry? **Fatigue and joint instability make less unpredictable.**

	Never	Rarely	Occasionally	Frequently
Less than 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often can your patient perform the following activities?

	Never	Rarely	Occasionally	Frequently
Twist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop (bend)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb ladders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this patient have significant limitations with repetitive reaching, handling or fingering?

☒ Yes ☐ No

If yes, please indicate the percentage of time this patient can perform the following activities:

Using hands to grasp, turn and twist objects Right 10 % Left 10 %

Using fingers for fine manipulation Right 10 % Left 10 %

Using arms to reach out and overhead Right 5 % Left 5 %

Note: Tremors, vision issues, and joint instability further limit fine motor tasks and overhead reaching.

Are this patient's impairments likely to produce "good days" and "bad days"?

☒ Yes ☐ No

If yes, please estimate, on average, how many days per month your patient is likely to be absent from work as a result of the impairments or treatment:

☐ Never ☐ About three days per month

☐ About one day per month ☐ About four days per month

☐ About two days per month ☒ More than four days per month

Please describe any other limitations that might affect this patient's ability to work at a regular job on a sustained basis, such as psychological issues, limited vision or hearing, or the inability to adjust to temperature, wetness, humidity, noise, dust, fumes, gases or hazards, etc.

Katie's impairments also cause: Cognitive dysfunction, brain fog, and memory issues, difficult to retain new information; Sensitivity to light, sound, mold, and temperature, limiting her ability to work in typical office environments; Autonomic dysfunction, causing unpredictable dizziness, and sudden drops in blood pressure; and Inability to regulate body temperature, meaning exposure to heat, humidity, or cold can trigger symptom flares.

Severe brain fog, slowed processing, memory loss, and executive dysfunction confirmed by neuropsychological testing and PROMIS-29 scores (Sept 2025).

Please describe additional tests or clinical findings not described on this form that clarify the severity of the patient's impairments.

Executive dysfunction, brain fog, memory impairment, and slowed processing speed consistent with Long COVID and ME/CFS-related cognitive impairment. Orthostatic Vital Signs: Show increased heart rate upon standing, consistent with dysautonomia and blood pooling. Cardiovascular Testing (if applicable): Shows dysautonomia-related circulation issues, contributing to fatigue and exercise intolerance. Immune & Inflammatory Markers: Evidence of immune dysfunction (MCAS, chronic inflammation), contributing to fatigue, and allergic-like reactions. Gastrointestinal Studies (MALS and MCAS): Shows delayed gastric emptying, vascular compression, or food-triggered reactions, leading to severe fatigue,

Chronic, worsening despite treatment; prognosis poor without stable housing and consistent medical care.

Completed by:

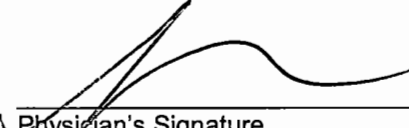
Kim Tran, M.D.

Physician's Printed Name

600 S. Main St., Suite 500

Address  
3rd Floor

Fort Worth, Texas 76104

  
Physician's Signature

9-11-25  
Date

**NO. 141-370402-25****WEINSTEIN MANAGEMENT CO.,  
INC. AND WMCI DALLAS X, LLC,  
Plaintiffs and Counter-Defendants,****v.****KATHRYN COPELAND,  
Defendant and Counter-Plaintiff.**§  
§  
§  
§  
§  
§  
§  
§**IN THE DISTRICT COURT OF****TARRANT COUNTY, TEXAS****141<sup>ST</sup> JUDICIAL DISTRICT**

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**Notice of Hearing**

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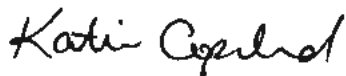
You are hereby notified that an in-person hearing has been scheduled for **October 2, 2025, at 10:00 a.m.**, on *Emergency Application for Preservation Order and Temporary Relief* and *Defendant's Special Exceptions to Plaintiffs' Original Petition, Application for TRO, and Request for Temporary and Permanent Injunctions*.

SIGNED on \_\_\_\_\_ at \_\_\_\_\_ .M. \_\_\_\_\_

JUDGE PRESIDING

141st Judicial District Court, Tarrant County, Texas

Respectfully submitted by:

**KATHRYN COPELAND**405 Crawford St. #2145  
Fort Worth, Texas 76104  
Tel: (817) 789-8498  
K.M.Copeland@tcu.edu**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing instrument was served on counsel of record this 29<sup>th</sup> of September 2025 in accordance with the Texas Rules of Civil Procedure.

**Via Electronic Service**Glynis Zavarelli  
gzavarelli@wandzlaw.comMichelle Sortor  
msortor@wandzlaw.com**KATHRYN COPELAND**

141-370402-25

FILED  
TARRANT COUNTY  
9/29/2025 2:40 PM  
THOMAS A. WILDER  
DISTRICT CLERK

**NO. 141-370402-25**

**WEINSTEIN MANAGEMENT CO.,  
INC. AND WMCI DALLAS X, LLC,  
Plaintiffs and Counter-Defendants,**

§  
IN THE DISTRICT COURT OF

V.

§ TARRANT COUNTY, TEXAS

**KATHRYN COPELAND,  
Defendant and Counter-Plaintiff.**

## § 141<sup>ST</sup> JUDICIAL DISTRICT

## Notice of Hearing

You are hereby notified that an in-person hearing has been scheduled for **October 2, 2025, at 10:00 a.m.**, on *Emergency Application for Preservation Order and Temporary Relief*.

SIGNED on \_\_\_\_\_ at \_\_\_\_\_ .M.

Respectfully submitted by:

**JUDGE PRESIDING**  
141st Judicial District Court, Tarrant County, Texas

Kati Caplan

**KATHRYN COPELAND**  
405 Crawford St. #2145  
Fort Worth, Texas 76104  
Tel: (817) 789-8498  
K.M.Copeland@tcu.edu

# CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing instrument was served on counsel of record this 29<sup>th</sup> of September 2025 in accordance with the Texas Rules of Civil Procedure.

***Via Electronic Service***

Glynis Zavarelli  
gzavarelli@wandlaw.com

Michelle Sortor  
msortor@wandzlaw.com

Katrin Engelke

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**KATHRYN COPELAND**

### Automated Certificate of eService

This automated certificate of service was created by the eFiling system. The filer served this document via email generated by the eFiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Envelope ID: 106208437

Filing Code Description: Notice

Filing Description: Notice of Hearing

Status as of 9/29/2025 4:13 PM CST

Associated Case Party: THEWEINSTEIN MANAGEMENT CO INC

Name	BarNumber	Email	TimestampSubmitted	Status
Glynis L.Zavarelli		gzavarelli@wandzlaw.com	9/29/2025 2:40:21 PM	SENT
Michelle Sortor		msortor@wandzlaw.com	9/29/2025 2:40:21 PM	SENT
Courtney Cotten		ccotten@wandzlaw.com	9/29/2025 2:40:21 PM	SENT
Rebecca Young		ryoung@wandzlaw.com	9/29/2025 2:40:21 PM	SENT
Krystina Hickey		khickey@wandzlaw.com	9/29/2025 2:40:21 PM	SENT

Associated Case Party: THEWMCI DALLAS X LLC

Name	BarNumber	Email	TimestampSubmitted	Status
Kathryn Copeland		k.m.copeland@tcu.edu	9/29/2025 2:40:21 PM	SENT
John AllenDouglas		john@jadouglaslaw.com	9/29/2025 2:40:21 PM	SENT

Associated Case Party: KATHRYNCOPELAND

Name	BarNumber	Email	TimestampSubmitted	Status
Kathryn Copeland		kcopelandlaw@gmail.com	9/29/2025 2:40:21 PM	SENT



10/9/23

To whom it may concern:

I have had the opportunity to work with Kathryn Copeland since August 28, 2023, to the present time in our Outpatient Speech Therapy Program. She was referred to our program due to her diagnosis of Long Covid, POTS and Vestibular Schwannoma.

Ms. Copeland presents with moderate cognitive linguistic deficits specifically in the areas of expressive and receptive language, memory and executive functioning. Her cognitive linguistic deficits started in December of 2022 after her diagnosis of COVID resulting in an acquired brain injury.

Due to these deficits, she presents with difficulty communicating effectively and organizing her thoughts. The following accommodations are being recommended:

- Provide all information in writing, including testimonies and arguments.
- Provided extra time to read important information and extra time to prepare her responses.
- Allow evidence to be presented in a manner that accommodates her verbal expression and cognitive deficits (i.e. allow pre prepared media and exhibits).
- Allow time and a half to respond to requests.
- Allow her to wear sunglasses when in a bright environment.

Please reach out if you have any questions or concerns.

Signature: Kristi Ferguson MS CCC-SLP

Date: 10-9-23

**Kristi Ferguson MS CCC/SLP**

Texas Health Harris Methodist Fort Worth Hospital

1301 Pennsylvania Ave. FW, TX 76104

817-250-4190

[KristiFerguson@texashealth.org](mailto:KristiFerguson@texashealth.org)



**Baylor Scott & White**  
HEALTH TEXAS PROVIDER NETWORK

September 7, 2023

**BAYLOR SCOTT & WHITE PRIMARY  
CARE SOUTHWEST**  
6420 ALTAMESA BLVD SUITE 100  
FORT WORTH TX 76132  
Phone: 817-912-9000  
Fax: 817-912-9010

To whom it may concern:

Katheryn M. Copeland has multiple comorbidity that will require learning accomodation. She has the following diagnosis, ADHD, Covid Long Hauler, POTS disease, and Vestibular schwannom.

With these conditions, she has trouble focusing, has mental fog and confusion with long COVID, has fatigue with long COVID, gets frequent dizzy spells and lightheadedness with her POTS disease. She also has dizziness and memory issues with her vestibular schwannoma. In the future her vestibular schwannoma may potentially cause hearing problems.

Her long COVID and POTS disease symptoms are intermittent and can be very unpredictable. Sometimes they can be weekly to 1 or 2 times a month. Symptoms may last up to a day or 2.

I recommend the following accommodations for my patient which includes flexibility with absences and allowing a flexible schedule. The patient would also benefit from being allowed to record classroom lectures, having note takers, copy of lecture notes and PowerPoint slides, flexibility in completing assignments. I recommend that she be given twice as long to turn in assignments and also for testing. Providing a private testing area would also be beneficial.

Allowing for her to have breaks during lectures as needed.

Sincerely,

John Bui.

Q0883



**Recommended Academic Accommodations for Katie Copeland**


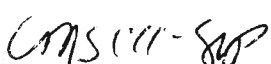
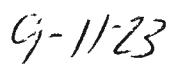
The student, Katie Copeland is currently an Out Patient at Texas Health Fort Worth Hospital for a diagnosis of Long Covid Disorder and Acoustic Neuroma. She sees an SLP – Cognitive Linguistic Therapist to address her deficits. The following additional academic accommodations are being recommended as they may help in reducing the cognitive load in school, thereby minimizing her symptoms and allowing the student to better participate in school while recovering.

**Classroom:**

1. Allow student to record lectures for play back.
2. Provide preferential seating at the front of the classroom.
3. Allow for extra or extended breaks as needed.
4. Allow student to wear a hat or dark lenses as needed to reduce visual overstimulation and prevent migraines.
5. Allow student to wear earplugs or noise cancelling headphones/earbuds when not in a lecture setting.
6. Allow student to use her phone to photograph notes on the board as needed.

**Testing and Assignments:**

1. Extra time allowed (double the time) for completing tests due to decreased processing skills.
2. Extra time allowed (double the time) for turning in assignments, projects, papers and other work.
3. Allow student to use audiobooks or e-textbooks to decrease visual fatigue which occurs when reading paper printed material.
4. Provide oral and written instructions for assignments and provide a photograph or allow student to take a picture on her phone of the assignment.
5. Allow student to complete tests in a quiet environment (testing center) to reduce distractions.
6. Break up long exams into sections.
7. Allow student to utilize a thesaurus and dictionary on written exams.
8. Student should only be required to take one exam per day.

    
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Signature Date

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