

**NO. JP-03-25-RR00000029**

**KATHRYN COPELAND**

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**IN THE JUSTICE COURT**

**V.**

**PRECINCT 3**

**WMCi X, LLC (AKA  
WEINSTEIN PROPERTIES DBA  
THE BOWERY AT SOUTHSIDE)**

**TARRANT COUNTY, TEXAS**

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**Plaintiff's Motion for ADA Accommodation  
Pursuant to 42 U.S.C. § 12132 and 28 C.F.R. § 35.160**

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**TO THE HONORABLE COURT:**

COMES NOW Plaintiff Kathryn Copeland, by and through her undersigned attorney of record, John Allen Douglas, and files this Motion for ADA Accommodations and Findings, respectfully showing the Court as follows:

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**I. INTRODUCTION**

Plaintiff Kathryn Copeland is an individual with disabilities as defined by the Americans with Disabilities Act, 42 U.S.C. § 12102(1). She respectfully requests that this Court provide reasonable accommodations to ensure her equal access to justice and meaningful participation in the December 9, 2025 hearing and all future proceedings in this matter.

Plaintiff further requests that this Court make specific findings of fact regarding her disability status, as such findings are necessary to establish the jurisdictional and factual predicate for her related claims under the Fair Housing Act and Texas Property Code.

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## **II. PLAINTIFF'S DISABILITIES**

### **A. Medical Diagnoses**

Plaintiff has been diagnosed with the following conditions, each of which constitutes a "disability" under 42 U.S.C. § 12102(1):

- 1. Traumatic Brain Injury (TBI)** with persistent cognitive sequelae affecting:
  - a. Information processing speed
  - b. Working memory and executive function
  - c. Ability to respond to time-pressured demands
- 2. Mast Cell Activation Syndrome (MCAS)**, an immunological disorder causing:
  - a. Severe reactions to environmental triggers
  - b. Chronic fatigue requiring extended rest periods
  - c. Heightened vulnerability to germs, toxins, and allergens
- 3. Ehlers-Danlos Syndrome (EDS)**, a connective tissue disorder
- 4. Postural Orthostatic Tachycardia Syndrome (POTS)**, an autonomic dysfunction
- 5. Post-COVID Syndrome (Long COVID)**
- 6. Other documented conditions** including thyroid dysfunction and neurological impairment

### **B. Substantial Limitation of Major Life Activities**

Plaintiff's disabilities substantially limit the following major life activities within the meaning of 42 U.S.C. § 12102(2):

- **Neurological and Cognitive function** (concentration, thinking, communicating, memory)
- **Immune function** (heightened susceptibility to illness)
- **Standing, sitting, walking** (due to POTS and EDS)

### **C. Medical Documentation**

Upon request, Plaintiff can provide physician letters documenting medical necessity of safe housing, diagnostic test results, and other supportive data.

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### **III. REQUESTED ACCOMMODATION**

Pursuant to 28 C.F.R. § 35.160, Plaintiff respectfully requests that she be able to appear for hearings through electronic access, such as Zoom, from an offsite location (with her attorney, if she chooses) due to the health consequences related to in-person appearances for her.

The violation of federal laws enacted to protect the health, safety, welfare, and civil rights of vulnerable people is itself a form of harm. *See, e.g., EEOC v. Cosmair, Inc.*, 821 F.2d 1085, 1090 (5th Cir. 1987) (“[W]hen a civil rights statute is violated, ‘irreparable injury should be presumed ....’ ”).

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### **IV. LEGAL BASIS**

#### **A. Americans with Disabilities Act**

42 U.S.C. § 12132 provides:

"Subject to the provisions of this subchapter, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such public entity."

The Justice Court is a "public entity" under the ADA, and Plaintiff is a "qualified individual with a disability." The Court has an affirmative obligation to provide reasonable accommodations to ensure equal access to its proceedings. *Tennessee v. Lane*, 541 U.S. 509, 533-34 (2004).

#### **B. Rehabilitation Act**

29 U.S.C. § 794 prohibits discrimination on the basis of disability by any program receiving federal financial assistance, including state courts.

#### **C. ADA Regulations**

28 C.F.R. § 35.160(a)(1) requires:

"A public entity shall take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others."

**28 C.F.R. § 35.164** permits auxiliary aids and services to ensure effective communication.

#### **D. Texas Law**

Texas courts have an independent obligation under state law to ensure access to justice for persons with disabilities. *See* Tex. Gov't Code § 22.110 (accessibility standards for court facilities).

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### **V. REASONABLENESS OF REQUESTED ACCOMMODATIONS**

The requested accommodations are reasonable because they:

- 1. Impose no undue burden** on the Court or opposing party
  - 2. Are necessary** for Plaintiff's meaningful participation
  - 3. Do not fundamentally alter** the nature of the proceeding
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### **VI. NO OPPOSITION ANTICIPATED**

Defendant has previously acknowledged in related proceedings that Plaintiff has disabilities requiring accommodation. *See* Defendant's Answer in related case JP03-25-SC00028212 (acknowledging provision of "ADA-compliant" lodging). Opposition to this accommodation would be inconsistent with established facts and Defendant's prior representations.

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### **VII. PRAYER**

WHEREFORE, PREMISES CONSIDERED, Plaintiff Kathryn Copeland respectfully requests that this Court:

1. **GRANT this Motion** and provide the requested accommodation;
  2. **ORDER** that all future proceedings comply with the accommodation granted herein;
  3. **AWARD** such other and further relief as the Court deems just and proper.
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Respectfully submitted,  
/s/ John Allen Douglas  
**JOHN ALLEN DOUGLAS**  
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John@JADouglasLaw.com

**COUNSEL FOR PLAINTIFF,  
KATHRYN COPELAND**

#### **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 December 7, 2025 in accordance with the Texas Rules of Civil Procedure.

#### **Via Electronic Service**

Glynis Zavarelli  
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/s/ John Allen Douglas  
**JOHN ALLEN DOUGLAS**

# Encounter Review - Exam - Initial

Monday, July 7, 2025 at 11:02 AM, by Alfred R. Johnson D.O.  
997 Hampshire LN, Richardson, TX 75080-8105 • (972) 479-0400

**Kathryn M. Copeland**  
405 Crawford St #2145  
Fort Worth, TX 76104

**Patient ID:** 91408794  
**Incident:** Office Visit

**Gender:** Female  
**Marital Status:** Divorced

**Date of Birth:** [REDACTED]  
**Age:** 40

## CHIEF COMPLAINT

### Constitutional

- CC: mold exposure/legal case  
Realtor: 5/5 present (6/2025)  
Address: 405 Crawford St, Apt 2145, Fort Worth, TX 76104  
Moved in Oct, 2023 and still there.  
Flooding in bedroom - floor wet and maintenance supposedly fixed a backed-up HVAC leak - Sept, 2024. Mold visible by front door (first reported in Oct, 24 and then came back in March, 25 even tho supposedly remediated in Oct and then mold returned in early June).  
Visible mold in front of HVAC on baseboard - not where the first leak was - water damage was painted over before she moved in.  
Mold AQL - Elevated Aspergillus/Penicillium/Stachy on Air quality - 6/19/25  
Guest Bedroom - Asp (5000) Chaetomium (14, 000) Stachy (1500) Total fungi =20700  
99% of mold was of toxic variety in guest bedroom and wall cavity
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- Sxs: chronic fatigue (18 hrs laying down in a day), vision changes, brain fog (since Covid) and worsened, joint pain (hypermobile EDS), muscle pain, nerve pain, generalized weakness, skin rashes on face, sinus/ear issues, nose congestion, diarrhea/constipation.
- Occupation: was a lawyer until Dec., 2022. Then doing paralegal work until she got Covid and then stopped working.
- Covid - Dec, 2022 - mild case - 3 weeks getting over it. Have vaccine.
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## HISTORY OF PRESENT ILLNESS

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### Constitutional

- The patient presents with CC: mold exposure/legal case

Realttime: 5/5 present (6/2025)

Address: 405 Crawford St, Apt 2145, Forth Worth, TX 76104

Moved in Oct, 2023 and still there.

Flooding in bedroom - floor wet and maintenance supposedly fixed a backed-up HVAC leak - Sept, 2024. Mold visible by front door (first reported in Oct, 24 and then came back in March, 25 even tho supposedly remediated in Oct and then mold returned in early June).

Visible mold in front of HVAC on baseboard - not where the first leak was - water damage was painted over before she moved in.

Mold AQI - Elevated Aspergillus/Penicillium/Stachy on Air quality - 6/19/25

Guest Bedroom - Asp (5000) Chaetonium (14, 000) Stachy (1500) Total fungi =20700

99% of mold was of toxic variety in guest bedroom and wall cavity

◦

- Sxs: chronic fatigue (18 hrs laying down in a day), vision changes, brain fog (since Covid) and worsened, joint pain (hypermobile EDS), muscle pain, nerve pain, generalized weakness, skin rashes on face, sinus/ear issues, nose congestion, diarrhea/constipation.

## EXAMINATION

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### Constitutional

#### Height

- Height 63 inches.

#### Weight

- Weight 124.0 pounds.

#### Vitals

- BP 104/67 mmHg was taken sitting using the left arm.
- Pulse (regular) 88 beats per minute.

### Ears, Nose, Mouth, and Throat

- Inspection and assessment of ears, nose, mouth, and throat, unless otherwise noted, reveals the following. Otoscopic exam of tympanic membranes and auditory canals shows no perforation, lesions, or infection. External inspection of the ears and nose reveals normal external appearance without lesions, scars or masses. Inspection of internal nose reveals normal appearing mucosa, with straight septum, turbinates of normal color and shape and no active bleeding. Inspection of mouth reveals normal color lips, and dentition without significant caries or gum disease. Examination of the oropharynx reveals pink, moist mucosa and midline tongue and no lesions or redness of the posterior pharynx, palate, or tonsils. Inspection of the pharyngeal walls and pyriform sinuses shows normal color and appearance, no lesions or masses, and clear pyriform sinuses.

### Respiratory

- Examination of the chest and respiratory system, unless otherwise indicated, reveals the following. Inspection of the chest reveals a symmetrical chest with normal expansion. Assessment of respiratory effort reveals no intercostal retractions with normal diaphragmatic movement. Auscultation of lungs reveals normal breath sounds without rales, rubs, or rhonchi.

### Cardiovascular

- Sounds: Rapid regular rate.

#### Normal

- Unless otherwise noted, palpation and auscultation of the heart appeared normal. Examination of the carotid arteries, abdominal aorta, femoral arteries, and pedal pulses revealed findings within normal limits. No pedal edema was seen. No pericardial friction



rub was heard.

Gastrointestinal

Abdomen

- Examination of the abdomen: Slight tenderness midline.

Musculoskeletal

Normal

- Examination of the musculoskeletal system, unless otherwise noted, reveals normal findings.

Neurological

- Testing, palpation, and inspection of the neurological system, unless otherwise noted, reveals the following: Coordination and fine motor skills are in normal range. Estimate of mood and affect show no evidence of depression, excessive anxiety, or agitation. The patient is oriented to time, place and person.

Eyes

Ocular Motility

- An ocular motility inspection was conducted: Exophthalmos bil.

Neck

- Inspection and palpation of the neck, unless otherwise noted, reveals the following. Palpation of the thyroid reveals a normal gland without enlargement, tenderness, or masses.

DIAGNOSIS CODES

DATE	CODE	DESCRIPTION
07/07/2025	Z77.120	Contact with and (suspected) exposure to mold (toxic)
07/07/2025	D80.1	Nonfamilial hypogammaglobulinemia

PROBLEMS LIST

ASSESSMENT AND PLAN

Assessment

- Mold toxicity - Ochra and Glio the highest - Allermetrix, skin testing for molds, start antioxidants.  
After reviewing IAQ which shows very high toxic mold in the pat - imperative that pt move out ASAP  
Check basic labs, lgs, saccharomyces
  - 40 hr HBOT - start 1.5 ATM for 60 mins and then increase to 2.0ATM for 60 mins up to twice daily or 90 mins once daily
  - Repeat urine mycotoxins after 10 hrs of HBOT
  - Chronic fatigue/brain fog - QEEG + CNS VS
  - Hashimoto's - check TFTs, cortisol.

Assessment / Plans

- Resources and instructions provided during visit.
- There was a discussion of the patient's laboratory values.
- The patient expressed understanding of the topics discussed and of any instructions or recommendations that were given. The patient voiced agreement.
- Plans for return: return in 2 weeks.

### 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.

John Douglas

Bar No. 24028865

john@jadouglaslaw.com

Envelope ID: 108810759

Filing Code Description: Motion Filed

Filing Description: Motion for ADA Accommodations for Hearing

Status as of 12/8/2025 8:04 AM CST

#### Case Contacts

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