

**EXHIBIT "G"**  
**Greenville**

CIVIL ACTION NO. 3:07-CV-0273-M

**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 on my oath that these facts are true and correct.

2. The minor 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 my guardianship (if signing on behalf of a ward) and I swear that the attached records are true and correct.

3. On or about \_\_\_\_\_ the minor visited the Snuffer's restaurant located at 3526 Greenville Avenue, Dallas, Texas 75206; or would have visited such restaurant but for an architectural barrier that I or the minor encountered or was aware existed at the Snuffer's location. **[Please briefly describe the obstacle/s which the minor did or would have encountered]:** \_\_\_\_\_

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

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

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

**MAIL THIS FORM TO:**

**Snuffer's Class Administration  
1205 Lake Street, Ft. Worth, TX 76102-4501**

**For questions, call Metro 817/654-9614**

**[OPTIONAL]** Please send my damage award to \_\_\_\_\_, a non profit corporation, as a donation in my minor child's or ward's name.

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