**ADA** **COURT’S INTERROGATORIES**

**ENTITY PLAINTIFF(S)**

1. Address of the corporation, partnership, or company.

Click or tap here to enter text.

1. When and where were you incorporated, if applicable, and where is your principle place of business, headquarters, or main office located?

Click or tap here to enter text.

1. Name and address of the registered agent, as well as any individual with authority or liability on behalf of the entity.

Click or tap here to enter text.

1. Name and address of any individual who, on behalf of the entity, attempted to access and use the subject property in the past but faced discrimination because of architectural barriers that violate the ADA.

Click or tap here to enter text.

1. For *each* individual identified in answer to Interrogatory No. 4, provide the:
   1. nature of the individual’s disability;

Click or tap here to enter text.

* 1. date(s) and time(s) that the individual visited the subject property;

Click or tap here to enter text.

* 1. name of any person who accompanied the individual to the subject property;

Click or tap here to enter text.

* 1. proximity of the subject property to the individual’s residence and/or place of employment;

Click or tap here to enter text.

* 1. individual’s past patronage of the subject property;

Click or tap here to enter text.

* 1. definiteness of the individual’s plans to return to the subject property;

Click or tap here to enter text.

* 1. specific architectural barriers that the individual personally observed or experienced at the subject property; and

Click or tap here to enter text.

* 1. whether the individual took notes or made a contemporaneous record of any barrier (if so, attach a copy to these Answers).

Click or tap here to enter text.

1. What notice of deficiencies or other efforts did you make to resolve your complaints before filing suit?

Click or tap here to enter text.

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| --- | --- |
|  | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  As Plaintiff’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

[INSERT NOTARIZED OATH/AFFIRMATION]