

TORT CLAIM RELIEF PROCESS AGREEMENT

I, Enter Full Name, hereinafter referred to as “I” agree as follows:

- 1). I agree to pay Freedom From Servitude (hereinafter FFS) for their assistance in the Tort Claim Relief Process (hereinafter TCRP), an upfront commencement fee of \$3,000.00 upon the execution of this agreement. Furthermore, if the claim goes through monetization I agree to pay FFS 10% of the monetized funds.
- 2). I agree that I will furnish the following documents listed below to FFS or its sub-contractors in a timely manner in order to initiate and process my TCRP:
 - Any/All Documents of ongoing Tort Claim (All Pages)
 - Any/All filings (For Current Case)
 - Must Include any/all Filing of U.C.C. Filing [Including Secured Party Filing(s)]
 - Any other related documents concerning your Tort
 - Filer must have trust and control of all filing(s) [Note: If you don't have a trust in place, FFS can refer you to a Sub-Contractor that offers the service to draw up the trust documentation
 - Notice and Demand filed with the Secretary of State in your state [If you do not have a Notice and Demand filed FFS can refer you to a Sub-Contractor to draw up the NAD documents]

We give Notice to all appropriate agencies involved, Torts are a 45 to 60 day turn around, after receipt of all the above is in place. Please note that if this Tort refers to State and/or Federal Charges add 45 to 60 extra days to locate your bonds. If your bonds are found, you will have to file a UCC-3 to claim ownership of these bonds.

- 3). I agree to actively participate in this TCRP and will submit all correspondence(s) that is provided to me from my Court(s) or legal counsel(s) in relation to my TCRP to FFS in an expedient manner. I also, agree that any reply from my Court(s) or any related Agencies will be forwarded to FFS and/or its Sub-Contractors in an expedient manner.
- 4). I agree that my TCRP is best suited to be litigated in a court of competent jurisdiction. I will be responsible for any and all fees associated therewith. I will make diligent efforts to perfect any additional fees regarding my TCRP. I understand that my failure to comply may result in a negative impact on the outcome of my TCRP and by no way of fault of FFS, its officers, directors, trustees, and/or Sub-Contractors.
- 5). I agree that if I do not perfect payment when due as stated in clause one (1), due to my lack of activity, falsification, or a violation of clause (2) through (4) will result in a willful breach and void this entire agreement. I understand that Non-compliance with the terms of this agreement will constitute a voluntary waiver of my rights or claims for any services and payment(s) made to FFS and that all funds paid to FFS are deemed earned and non-refundable.
- 6). I understand that FFS and its offers, directors, trustees and/or Sub-Contractors cannot guarantee me any results in any matter, I attest that the estate of the principle shall hold harmless and indemnify FFS its,

officers, directors, agents, assigns, trustees and sub-contractors from all liability against any and all actions, claims, costs, damages, charges and expenses that I may be liable for acts done in good faith.

- 7). FFS and its officers, directors, trustees and sub-contractors do not engage in activities that could be considered the unlawful practice of law by conduct exhibiting or doing and performing services in a court of justice in any matter depending therein throughout the various stages and in conformity with the adopted rules of procedures. It includes legal advice and counsel and the preparation of legal instruments and contracts by which the legal rights are secured although such matter may not be depending in a court.
- 8). This agreement shall be governed by and construed in accordance with the laws of the State of Ohio and any dispute arising under or in connection herewith shall first be presented to an independent arbitrator of FFS's choosing for resolution and determined by the arbitrators exclusively at an equal split in cost between both parties.

By my signature below, I am of sound mind and have full capacity to contract, and that I agree to the aforesaid without qualification on this _____ day of the Month _____, AD 201_ to be effective immediately.

Signature _____

Print Name _____

This is either your Contact info if you are directly reachable, or that
Of your acting agent that we may readily correspond with.

Acting Agent _____ (if applicable)

Phone (____) _____ - _____

Email _____

Address _____

First Witness Signature

Print Name _____

Address _____

Second Witness Signature

Print Name _____

Address _____

Please, note if you bond bonds tracked for any previous cases. Please, list them here as well. All unlisted cases will not be researched.
