

# Tort Claim Relief Process Agreement

I, \_\_\_\_\_, hereinafter referred to as "I" agree as follows:

1) I agree to pay to Sovereign Filing Solutions (hereinafter SFS) for their assistance in the Tort Claim Relief Process hereinafter TCRP), an upfront commencement fee of \$1000.00 upon the execution of this agreement. I also agree to pay SFS \$250.00 for the next two (2) months, at 30 thirty days intervals, from the date of signing this agreement for a combined total of \$1500.00. Furthermore if the claim goes through monetization I agree to pay SFS 10% of the monetized funds.

2) I agree that I will furnish the following documents listed below to SFS or its sub-contractors in a timely manner in order to initiate and process my TCRP:

- Any/All Document of ongoing Tort Claim (All Pages)
- Any/All filings (For Current Case)
- Must include any/all filings of U.C.C. filing, [Including Secured Party Filing(s)]
- Other/Any related documents) concerning your Tort
- Filer must have trust and control of all filing(s)  
[Note that if you do not have a trust in place, SFS does offer 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 SFS does offer the Service to draw up the NAD documents]

We give Notice to all appropriate agencies involved, Tort are a 45-60 day after receipt, turn around **if** all of the above is in place. Please note that if this tort refers to State and Federal Charges add 45-60 days extra 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 Courts or legal counsel in relation to my TCSP to SFS in an expedient manner. I also agree that any reply from Court(s) or any related Agencies will be forwarded to SFS and/or its sub-contractors.

4) I agree that if 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 SFS, its officers, directors, 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 two (2) through four (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

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of my rights or claims for any services and payment(s) made to SFS and that all funds paid to SFS are deemed earned and non-refundable.

- 6) I understand that SFS and its officers, directors, 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 SFS its Officers, directors, agents, assigns and sub-contractor from all liability against any and all actions, claims, cost damages, charges and expenses that I may be liable for acts done in good faith.
  
- 7) SFS, and its officers, directors, and or 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 Michigan and any dispute arising under or in connection herewith shall first be presented to an independent arbitrator of SFS choosing for resolution and determined by these arbitrators exclusively at an equal split in cost between parties.

By my signature below, I agree that 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: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
First Witness Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Second Witness Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please note** that if you want bonds tracked for any previous cases please list them here as well. All unlisted cases will not be researched:

\_\_\_\_\_  
\_\_\_\_\_

# TORT POWER OF ATTORNEY BETWEEN PRINCIPLE AND AGENT

The undersigned, a natural man known as (Name) \_\_\_\_\_, as principal, an inhabitant on the Land in the original jurisdiction of the (state) \_\_\_\_\_ Republic, does hereby designate Sovereign Filing Solutions or their sub-contractors or agents (hereinafter SFS) as attorney in fact for the principal, to act in the following capacity in behalf of the principal.

- 1) The attorney in fact shall have the limited power to sign the principal's name to certain documents as if the principal himself were signing on said documents. The documents, upon which the attorney in fact shall have authority to sign the principal's name, are limited in scope to documents in direct relation to Tort Claim Process.
- 2) This special power of attorney shall become effective immediately and shall remain in effect until the documents are prepared or until revoked or terminated as specified in paragraph 3 or extended as specified in paragraph 4.
- 3) This power of attorney may be revoked, suspended or terminated in writing by principal with written notice to the designated attorney in fact.
- 4) This power of attorney may be extended as necessary by written authorization of principal with written notice to the designated attorney in fact.
- 5) That SFS in good faith has the power of attorney to represent Principals interests as them and to negotiate on Principals behalf.
- 6) The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this power of attorney so long as neither the attorney in fact nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the principal.
- 7) Principal/The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.
- 8) The laws of The State of Georgia shall govern this power of attorney.

This power of attorney is signed on this \_\_\_\_\_ day of the month \_\_\_\_\_, AD 201\_\_ to be effective immediately.

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

Print Name: \_\_\_\_\_

Located at: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

( address goes here)

Mailing Address if Different from above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
First Witness Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Second Witness Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_