

# Post-Conviction Conditional Acceptance for Value 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 Conditional Acceptance for Value Process (hereinafter CAFV), an upfront commencement fee of \$500.00 upon the execution of this agreement.
- 2) I agree that I will furnish the following information/ documentation listed below to SFS or its sub-contractors in a timely manner in order to initiate and process my CAFV:

DEBTORS NAME: \_\_\_\_\_

Secured Parties Name: \_\_\_\_\_

Addr: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Case Number: \_\_\_\_\_

Court Number and Name: \_\_\_\_\_ (i.e., the 23<sup>rd</sup> Judicial Circuit for New Mexico)

Item Numbers For:

Common Law Copyright: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Security Agreement: \_\_\_\_\_

Hold Harmless: \_\_\_\_\_

UCC File No.: \_\_\_\_\_

Chief Judges Name: \_\_\_\_\_

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

\_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prosecutor's Name: \_\_\_\_\_

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

\_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## A copy of the following documentation:

- complaint or indictment
- arrest warrant
- Judgment & Sentence
- any other monetary documents that are directly related to the case
- A brief no longer than 2 pages with supporting cites to your case documentation in numbered format illustrating the illegality, violations of due process, or lack of jurisdiction that took place in your case.

- 3) I agree to actively participate in this CAFV and will submit all correspondence(s) that is provided to me including green card receipts in a timely manner in order for my process to executed properly.
- 4) I agree that if my CAFV is best suited to be processed by PIP/Tort in the international venue, or 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 CAFV. I understand that my failure to comply may result in a negative impact on the outcome of my CAFV and by no way is the fault of SFS. (Generally in court litigation is unnecessary, and is followed with PIP/Tort).
- 5) I agree that I am not a habitual offender convicted of repeat offenses of the same nature.

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- 6) 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 five (5) 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 SFS and that all funds paid to SFS are deemed earned and non refundable.
- 7) I understand that SFS and its officers, directors, and or sub-contractors cannot guarantee me any results as each case is different and unique, but SFS will act in good faith and clean hands in obtaining remedy for me. I attest that the estate of the principal shall hold harmless and indemnify SFS its officers, directors, agents, assigns 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.
- 8) 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 mater 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 or 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_