Conditional Acceptance for Value Agreement

I,	, hereinafter refer	red to as "I"	agree as follows:
for V	ee to pay to Sovereign Filing Solutions (hereinafter Value Process (hereinafter CAFV), an upfront commement.		
	ee that I will furnish the following information/ doc nely manner in order to initiate and process my CAF		listed below to SFS or its sub-contractors in
	THE INFORMATION BELOW SHOULD BE	PROVIDEI	O FOR EACH CASE NUMBER
	If you need to print additional co	py's to do so	that is acceptable.
DEBT	ORS NAME:		Item Numbers For:
Secured Parties Name:			Common Law Copyright:
Addr:			Security Agreement:
City:	State: Zip:		Hold Harmless:
	SSN:		
Case Number:			UCC File No.:
	Number and Name:		
		_	pr's Name:
Address:		Address:	
	City:		City:
State:	Zip:	State:	Zip:
	A copy of the follow	wing docui	nentation:
	complaint or indictment (pre-cafv only)		
	arrest warrant (pre-cafv only)		
	Judgment & Sentence (post- cafv only)		
	any other monetary documents that are directly related to the case that we have requested specifically		
	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.		
	If you are not filing for a criminal or civil issue proper lawful documentation to show proof of cause.		
greer	ee to actively participate in this CAFV and will submit a card receipts in a timely manner in order for my procee change at any time it will be my (as in the client) res	ess to execut	e properly. If my serviced agent(s) put on

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that if I am filing this CAFV prior to sentencing that it will be my responsibility to file the documentation.

will also follow instructions and file the documents according to the instructions I have been provided. Should these steps not be followed it will be my responsibility to adjust this and pay for any fees associated thereof. . I understand

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- 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.
- 5) I agree that I am not a habitual offender convicted of repeat offenses of the same nature.
- 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 providing the educational documentation I have requested. 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 Georgia 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. I take my own risk by purchasing this material and attest that I have full comprehension of the procedure liability's and am of sound mind to make logical coherent decisions for myself.

By my signature below, I agree that I am of sound mind and have		
without qualification on this day of the month	, AD 201 to be effective infinediately.	
	The William Co.	
Signature:	First Witness Signature	
Print Name:	Print Name:	
	Address:	
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: ()	Second Witness Signature	
E-Mail:	Print Name:	
Address:	Address:	

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