

IN RE: FRAUDULENT COVID-19 NATIONAL EMERGENCY

CIVIL-MISCELLANEOUS

CASE NO. _____ (To be filled in by court clerk at time and place of filing.)

AFFIDAVIT OF NON-COMPLIANCE

I do solemnly swear and affirm:

Since January 2020, the US Government has lied to the American people and the world's people about the outbreak of SARS-CoV-2 and the lawfulness, safety and effectiveness of government-directed measures to address the fraudulent national emergency.

I will not comply. I will not participate in the lies and government atrocities by speaking to others as if the US Government has told the truth or as if the US Government has been wielding legitimate authority. Nor will I cover up the government's lies and atrocities with my silence.

Under the lie that a national emergency exists, and the corollary lie that duly-executed laws have authorized absolute concentration of power in the federal executive branch, the US Government has attempted to suspend the US Constitution and all federal and state laws, constitutions, legislatures and courts capable of blocking the systemic Military Medical Martial Law atrocities they have committed to date and are attempting to render permanent.

I will not comply. I remain loyal to the US Constitution and committed to its restoration as the supreme law of the land. I remain loyal to the principles of inalienable, inherent natural rights Creator-endowed to each human being, and strict limits on the power of government to interfere with the lives and liberties of the people.

The US Government has ordered me to participate in the global genocide it has been directing since January 2020, actively or passively.

I will not comply.

The US Government has ordered me to be afraid of communicable diseases and contact with all other human beings since January 2020.

I will not comply.

The US government has ordered me to wear a mask and submit to medical testing.

I will not comply.

The US Government has ordered me to accept a lethal injection falsely labeled as a Covid-19 vaccine, and all other government-sponsored medical treatments and protocols.

I will not comply.

The US Government has ordered me to ignore the warnings of the dissidents, and shun them.

I will not comply.

The US Government has ordered me to participate in firing, expelling and socially shunning the unvaccinated from workplaces, businesses, schools, hospitals, nursing homes, military, houses of worship, neighborhoods and homes.

I will not comply.

The US Government has ordered me to submit to constant electronic surveillance and behavioral control through my smart phone, including proposed 'vaccine passports.'

I will not comply.

The US Government has ordered me to submit to constant financial surveillance and behavioral control through planned and proposed central bank digital currency.

I will not comply.

The US Government has ordered me to submit to food dependency, through government control and manipulation of food supply chains.

I will not comply.

The US Government architects of the Covid-19 program have operated outside the rule of law and the US Constitution and have committed grave crimes against humanity and war crimes, including but not limited to genocide, bioterrorism, chemical warfare, murder, torture, sterilization and maiming. They are currently implementing the next phases of the plan.

They should be removed from office by county law enforcement agents operating under the US Constitution. They should be investigated and prosecuted to the fullest extent of American criminal laws, including laws which implement international treaties prohibiting biological weapons, chemical weapons, genocide, war crimes, crimes against humanity, torture and murder.

I stand ready, willing and able to support the restoration of the US Constitution and rule of law in America.

I stand ready, willing and able to support criminal investigations and prosecutions, and call upon my county clerk, county sheriffs and deputy sheriffs, county prosecutors and county judges to undertake appropriate legal action immediately.

SIGNED _____

PRINTED NAME _____

DATE _____

COUNTY AND STATE _____