From: First and Last Name (Not in all CAPS)

 Street Address (Not in all CAPS, no abbreviations)

City, Washington (Not in all CAPS, no abbreviations) [zip code]/TDC
Phone Number (Optional)

 Email (Optional, if you choose to send a PDF copy by email)

To: FIRST AND LAST NAME (In all CAPS)

 TITLE/POSITION OF DEPARTMENT/OFFICE

 COMPANY/GOVERNMENT AGENCY

 STREET ADDRESS

 CITY, STATE, ZIP

 PHONE NUMBER (Optional)

 EMAIL (Optional, if you choose to send a PDF copy by email)

Date: Month Day, 2021

Regarding: “COVID-19 policies”

**NOTICE OF NON-CONSENT**

**READ CAREFULLY**

In response to your letter/email dated Month Day, 2021, in which you attempted to unilaterally change the terms and conditions of my employment contract/agreement, I do not accept your offer or consent to being wrongfully and unlawfully put on leave/considered to have resigned/terminated, etc. To be clear, I do not consent to any contracts/agreements that violate any of my natural, unalienable Constitutionally protected and secured Rights. There is no Law that requires me to comply with “policies” that violate my Rights. I am willing and able to work in the same capacity just as I have for xxx months/years. If you deny me the opportunity to work, you are acting outside your Lawful authority and you are not upholding the terms and conditions of my long-standing employment contract/agreement. I will not step down/resign/agree to be put on leave and I do not accept or consent to your offer for me to do so.

I provided proper notice and reasonable opportunity to you personally through the following honorable and Lawful process which allowed you the due process right to correct your violations of Law and restrict your actions to the limits placed upon you by the State and Federal Constitutions:

LAWFUL NOTICE AND DEMAND AND NOTICE OF VIOLATIONS sent to you on Month Day, 2021 via registered mail (tracking number) which was received by you on Month Day, 2021, and also emailed to you on Month Day, 2021.

COURTESY NOTICE sent to you on Month Day, 2021 via registered mail (tracking number) which was received by you on Month Day, 2021, and also emailed to you on Month Day, 2021.

NOTICE OF DEFAULT sent to you on Month Day, 2021 via registered mail (tracking number) which was received by you on Month Day, 2021, and also emailed to you on Month Day, 2021.

NOTICE OF ESTOPPEL BY SILENCE AND ACQUIESCENCE AND DEMAND TO CEASE AND DESIST sent to you on Month Day, 2021 via registered mail (tracking number) which was received by you on Month Day, 2021, and also emailed to you on Month Day, 2021.

NOTICE OF VIOLATION OF ESTOPPEL AND LAWFUL CLAIM AND ACTIVATION OF FEE SCHEDULE sent to you on Month Day, 2021 via registered mail (tracking number) which was received by you on Month Day, 2021, and also emailed to you on Month Day, 2021.

You had a duty to respond to my notices concerning the unlawful violation of my Rights. However, you chose not to timely, properly or honorably respond, which resulted in your **default and estoppel** **in this matter** as well as your **acquiescence and tacit agreement that you do not have Lawful authority** to enforce any “COVID-19” “policies,” “directives,” “orders,” and “mandates” (such as “guidelines” for “physical distancing,” masking, testing, tracking, “status forms,” or “vaccinations”) upon me. You have been warned that you will be held personally liable for any damages and that fees will continue to accrue until this matter is settled in full. **YOU ARE AGAIN DEMANDED TO CEASE AND DESIST IMMEDIATELY ALL UNLAWFUL ACTIVITY AND ACTIONS AGAINST ME.**

With explicit reservation of all of my natural, unalienable and Constitutionally protected and secured Rights (Article 4:2:1), and any other Rights, Privileges, or Immunities that I may have, with none waived, and without prejudice.

Very Truly,

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

First and Last Name, One of We the People Date

In Pro Per, In Sui Juris

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

Witness signature #1 Witness signature #2

CC: FIRST AND LAST NAME (In all CAPS)

 TITLE/POSITION OF DEPARTMENT/OFFICE

 COMPANY/GOVERNMENT AGENCY

 STREET ADDRESS

 CITY, STATE, ZIP

 PHONE NUMBER (Optional)

 EMAIL (Optional, if you choose to send a PDF copy by email)