

_____, 20____
[month] [day] [year]

NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY

**SILENCE IS ACQUIESCENCE, AGREEMENT AND DISHONOUR
THIS IS A SELF-EXECUTING CONTRACT**

Notice to Principal is Notice to Agent; Notice to Agent is Notice to Principal

To:

1. Respondent #1 acting as Title of COMPANY and as the man *or* woman
2. Respondent #2 acting as Title of COMPANY and as the man *or* woman
3. Respondent #3 acting as Title of COMPANY and as the man *or* woman
4. Respondent #4 acting as Title of COMPANY and as the man *or* woman
5. [Insert any additional Respondents here, as #5, 6, 7, etc – i.e. any sender(s) of letter(s) received following your Round 1 mailing. See “2. Document Preparation” section of Guide.]

____ Yet to be named _____ acting as _____ role of those yet to be named _____ and as the man/woman

Hereinafter: Respondents/Libellees

From:

GivenName Surname, sui juris, a man *or* woman, hereby claiming all rights *nunc pro tunc*

Hereinafter: Claimant/Libellant

[Insert Custom Rebuttal Section #1, for any letters received by you or your Round 1 Witnesses, following the mailing of Round 1. See the “2. Document Preparation” section of the Guide.]

NOTICE OF FAULT

YOU ARE HEREBY NOTICED that you are in fault of an opportunity to respond to the **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY** sent to you on or by **Date NOL Mailed** by UNITED STATES POSTAL SERVICE Certified Mail with an effective date of **NOL Effective Date (14 Days From NOL Mailing)**.

In correction and clarification for the record, you and each of you were given the opportunity to:

1. **State a claim** as stated in the section; **Offer of Immunity—Stating a Claim** of the said contract **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY**
2. **Remain silent** and agree with all terms of the said contract **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY**

Due to Respondents/Libellees’ failure to answer with a specific, verified, and sworn response to the instant contract **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY** sent to you on **Date NOL Mailed**, a **DEFAULT JUDGEMENT** is being sought against Respondents/Libellees, having waived the right to answer, by tacit admission and failure to contest, rejecting Respondents/Libellees’ due process opportunity.

In absence of such verified response, the Claimant/Libellant does hereby insert and record this **NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY**, jointly and severally upon and against the above named Respondents/Libellees.

PLAIN STATEMENT OF FACTS

1. On **Date NOL Mailed**, the Respondents/Libellees were sent the contract, **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY**, delivered by UNITED STATES POSTAL SERVICE Certified Mail.
2. Respondents/Libellees were given the opportunity, with specific terms, to respond to the said contract within a reasonable time frame.
3. The effective date is **NOL Effective Date (14 Days From NOL Mailing)**.
4. No responses were received according to the terms of the contract, **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY**.

[Insert Custom Rebuttal Section #2, for any letters received by you or your Round 1 Witnesses, following the mailing of Round 1. See the "2. Document Preparation" section of the Guide.]

5. As of the effective date(s) as listed above, Respondents/Libellees have failed to respond, and are in default, and in dishonor of the contract, **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY** and are subject to any and all of the terms therein.

NOTICE OF OPPORTUNITY TO CURE

In the event that the Respondents/Libellees' failure to accept the remedy offered in the **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY** was an oversight, mistake, or otherwise unintentional, Claimants/Libellants grant Respondents/Libellees fourteen (14) days from the date of postmark, to cure the fault and effect the remedy.

Failure to cure will constitute, as an operation of law, the FINAL admission and agreement of the liability of Respondents/Libellees through *tacit procuration* as stated in the **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY** and the contract shall be deemed *stare decisis*.

Such actions shall be taken in accordance to the procedures, jurisdictions, and penalties thereof set forth in the **NOTICE OF LIABILITY REGARDING THE INSTALLATION OF TRESPASSING TECHNOLOGY** as defaulted.

Qui non obstat quod ob stare potest facere videtur

NOTICE

RESPONSE MUST BE RECEIVED WITHIN FOURTEEN (14) DAYS OF THE POSTMARK DATE OF THIS NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY

RESPONSE MUST BE TO THE POSTAL LOCATIONS OF THE TWO WITNESSES, AND STYLED EXACTLY AS:

_____ c/o _____, _____, _____
Witness #1 [print] Address City State

_____ c/o _____, _____, _____
Witness #2 [print] Address City State

I, **GivenName Surname**, herein "Claimant/Libellant," do herewith affirm and declare under my unlimited commercial liability that I am competent and of lawful age to state the matters set forth herein, that they are true, correct, complete, and not intended to be misleading, they are admissible as evidence, and in accordance with my best firsthand knowledge, understanding and belief.

All rights reserved without prejudice.

Dated the ____ day of _____ in the year Two Thousand and _____.
[day] [month] [year - written]

GivenName Surname, Claimant/Libellant [autograph]

Witness [autograph]

Witness [autograph]

On this, the ____ day of _____, 20____, before me, the undersigned notary public, appeared **GivenName Surname**, known to me (or satisfactorily proven) to be the one whose name is subscribed to the within instrument, and acknowledged execution of the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____

BILL OF LADING

Ship From	
From:	_____
	Witness #1 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State
From:	_____
	Witness #2 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State

Ship To
To:
Respondent Name#1
c/o CORPORATION NAME
Mailing Address
City, State
Zip

Carrier/Shipper
UNITED STATES POSTAL SERVICE
[affix the Certified Mail tracking # sticker here]

Cargo Manifest

1. Notarized copy of NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY, from GivenName Surname
2. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#1 Name
3. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#2 Name
4. A copy of this BILL OF LADING

Original autographed documents have been retained by the Claimant/Libellant.

For the purpose of verification, I, the undersigned witness, do personally verify that the documents listed above were placed in an envelope, sealed and deposited at an official depository under the exclusive face and custody of the carrier UNITED STATES POSTAL SERVICE.

Witness #1 [autograph]

Date

Witness #2 [autograph]

Date

BILL OF LADING

Ship From	
From:	_____
	Witness #1 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State
From:	_____
	Witness #2 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State

Ship To
To:
Respondent Name#2
c/o CORPORATION NAME
Mailing Address
City, State
Zip

Carrier/Shipper
UNITED STATES POSTAL SERVICE
[affix the Certified Mail tracking # sticker here]

Cargo Manifest

1. Notarized copy of NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY, from GivenName Surname
2. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#1 Name
3. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#2 Name
4. A copy of this BILL OF LADING

Original autographed documents have been retained by the Claimant/Libellant.

For the purpose of verification, I, the undersigned witness, do personally verify that the documents listed above were placed in an envelope, sealed and deposited at an official depository under the exclusive face and custody of the carrier UNITED STATES POSTAL SERVICE.

Witness #1 [autograph]

Date

Witness #2 [autograph]

Date

BILL OF LADING

Ship From	
From:	_____
	Witness #1 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State
From:	_____
	Witness #2 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State

Ship To
To:
Respondent Name#3
c/o CORPORATION NAME
Mailing Address
City, State
Zip

Carrier/Shipper
UNITED STATES POSTAL SERVICE
[affix the Certified Mail tracking # sticker here]

Cargo Manifest

1. Notarized copy of NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY, from GivenName Surname
2. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#1 Name
3. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#2 Name
4. A copy of this BILL OF LADING

Original autographed documents have been retained by the Claimant/Libellant.

For the purpose of verification, I, the undersigned witness, do personally verify that the documents listed above were placed in an envelope, sealed and deposited at an official depository under the exclusive face and custody of the carrier UNITED STATES POSTAL SERVICE.

Witness #1 [autograph]

Date

Witness #2 [autograph]

Date

BILL OF LADING

Ship From	
From:	_____
	Witness #1 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State
From:	_____
	Witness #2 [printed]
Address:	_____
c/o _____	Mailing address
_____	City, State

Ship To
To:
Respondent Name#4
c/o CORPORATION NAME
Mailing Address
City, State
Zip

Carrier/Shipper
UNITED STATES POSTAL SERVICE
[affix the Certified Mail tracking # sticker here]

Cargo Manifest

1. Notarized copy of NOTICE OF FAULT AND OPPORTUNITY TO CURE LIABILITY REGARDING TRESPASSING TECHNOLOGY, from GivenName Surname
2. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#1 Name
3. Notarized copy of AFFIDAVIT OF NON RESPONSE, from NOL-Witness#2 Name
4. A copy of this BILL OF LADING

Original autographed documents have been retained by the Claimant/Libellant.

For the purpose of verification, I, the undersigned witness, do personally verify that the documents listed above were placed in an envelope, sealed and deposited at an official depository under the exclusive face and custody of the carrier UNITED STATES POSTAL SERVICE.

Witness #1 [autograph]

Date

Witness #2 [autograph]

Date