



Please complete the empty sections and hand deliver this NOTICE to the individual seeking to cause the experiment (or other coercive act) and take a picture of both this completed NOTICE and the person you delivered it to. Please be aware that some states require all parties to a conversation be aware that your interactions are being recorded and as such, you should inform all people present that you are recording pictures, audio and/or video of your interaction. Please keep all such recordings/pictures for evidence and take notes about the circumstances while it is fresh in your memory. All of this may be used as evidence or support for you claim.

\*\*This notice is specific to **Texas**. If you plan to use for another state, please update with your State Criminal Code information.\*\*

## LEGAL NOTICE

TO: \_\_\_\_\_

Date: \_\_\_\_\_

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the COVID19 experimental gene therapy injection heretofore known as the "COVID19 Vaccine" as well as any designated respirator/mask. The United States Government has extraterritorially prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

The Covid-19 gene therapy agents currently being distributed are under an Emergency Use Authorization and are not approved by the FDA. They are investigational only.<sup>1</sup> As such, informed consent is required, as well as the right to refuse. Investigational Covid-19 gene therapy agents lack requisite studies and are not an approved medical treatment. Recently the FDA approved a Biologics License Application for Pfizer's Comirnaty, however is Comirnaty is not available for distribution until 2023. "The products are legally distinct with certain differences."<sup>2</sup>

Every court of law in any location has original jurisdiction (Universal) to hear and try Crimes Against Humanity; and violations of the Nuremberg Code are classified as Crimes Against Humanity, which carry a maximum penalty of Death.

Mandating participation in a medical experiment in Texas may create additional legal exposure: Sec. 6.02. REQUIREMENT OF CULPABILITY, 7.01. PARTIES TO AN OFFENSE-ACCOMPLICE, Sec. 7.02. CRIMINAL RESPONSIBILITY FOR CONDUCT OF ANOTHER, Sec. 71.02. ENGAGING IN ORGANIZED CRIMINAL ACTIVITY, Sec. 22.01. ASSAULT, Sec. 22.02 AGRAVATED ASSAULT, Sec. 16.01. UNLAWFUL USE OF CRIMINAL INSTRUMENT, (b) (1), Sec. 19.02. MURDER (b) (3), Sec. 19.03. CAPITAL MURDER (7) (b), Sec. 15.01. CRIMINAL ATTEMPT, Sec. 15.02. CRIMINAL CONSPIRACY, and Sec. 15.03. CRIMINAL SOLICITATION.

You are hereby put on NOTICE that any further effort to coerce, intimidate, persuade, trick or compel me to receive any experimental gene therapy injection ("Covid Vaccine") or any other medical device, including but not limited to a facial mask, drug or testing procedure against my will, implicates you as aiding and abetting in the Capital Offense of a Crime Against Humanity and listed

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<sup>1</sup> Title 21, Section 360bbb-3 of the Federal Food, Drug, and Cosmetic Act (the "FD&C Act")

<sup>2</sup> <https://www.fda.gov/media/150386/download>

state laws. I hereby reserve my rights to swear to a criminal complaint against you in any court of law. I do not contract with you in any way and expressly deny any contractual relationship with you.

I hereby reserve my rights and put you on NOTICE that you may also be liable for civil damages under various Tort claims including but not limited to: Negligence, Fraud (in the Inducement), Assault, Battery, Intentional Infliction of Emotional Distress, Loss of Consortium, Trespass and Products Liability. You are hereby notified of potential liability and this NOTICE shall serve as actual NOTICE in support of these claims.

Delivered to: \_\_\_\_\_ (name of person on notice)

Badge Number (other ID of person served) \_\_\_\_\_ from

\_\_\_\_\_ (organization name), on this \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_ at: \_\_\_\_\_ (place)

at \_\_\_\_:\_\_\_\_ AM/PM

By: \_\_\_\_\_ (Complainant/You)

Substitute Service by: Printed Name \_\_\_\_\_

Signed \_\_\_\_\_

On the indicated date and time above.