**IRS** (Federal) **INTAKE FORM**

**INSTRUCTIONS:** “**This form**” to be typed; completely filled out; sent by e-mail (with all the documents listed) to:

intake@nationallibertyalliance.org

**Fill in the Date**

**↓**

|  |  |  |
| --- | --- | --- |
| Date Intake Form Sent: |  |  |
| Date Notarized Affidavit Sent: |  |
| Donation: | yes / no |
| Serve Date: |  |
| Default Date: |  |
| **PETITIONERS:** |  |
| **RESPONDENTS:** |  |
| **1**. Judge *or* Administrator | **2**. Arresting Officer | **3**. US Marshal | **4**. Jail | **5**. Prosecuting Attorney |

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|  | **Fill In This Column Only****↓ ↓** |
| **PETITIONER1:** | **name:** |  |
| **date of birth:** |
| **PETITIONER2:** | **name:** |  |
| **date of birth:** |
| **NEXT FRIEND** (**Contact** Person)**:**(**Only** if confined in prison/ jail or in danger of confinement) | **name:** | Phone: E-mail: Fax:Skype : |
| **street address:** |
| **city, state zip:** |
| **date of birth:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **Skype** |
| **COUNTY :** | **county:** |  |

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| **IRS ADMINISTRATION:** [delete if not] **FEDERAL COURT**, statutory**:** (origin) [delete if not]  | **name:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **IRS ADMINISTRATOR:** [delete if not] **JUDGE:** (origin) [delete if not]  | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **CASE NO.** (origin)**:**  | **number:** |  |

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| **COUNTY CLERK**(origin)**:**  | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| --- | --- | --- |
| **FEDERAL COURT**, de jure: (HC) | **name:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **CHIEF JUDGE:** (HC) | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| **CLERK** *of* **COURT:** (HC) | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| --- | --- | --- |
| **ARRESTING OFFICER:** | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **U. S. MARSHAL:** | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **PRISON:** | **name:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **ARREST WARRANT:** | **date:** |  |
| **SEARCH WARRANT:** | **date:** |  |
| **CODE VIOLATION CITATION:** | **date:** |  |
| **ARRESTING OFFICER REPORT:** | **date:** |  |
| **INDICTMENT:** | **date:** |  |

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| --- | --- | --- |
| **PROSECUTING ATTORNEY:** | **name** (include title)**:** | Phone: E-mail: Fax: |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| **DOCUMENTS ATTACHED:** | **Docket:** | yes/ no |
| **Affidavit(s):**  | how many |
| **Arrest Warrant:** | yes/ no |
| **Search Warrant:** | yes/ no |
| **Code Violation Citation:** | yes/ no |
| **Arrest Officer Report:** | yes/ no |
| **Indictment:** | yes/ no |
| Did petitioner refuse a BAR attorney?  | yes/ no |
| Did respondents deny petitioner his/ her right to choose non-BAR counsel?  | yes/ no |
| Are you an NLA Member?  | yes/ no |
| Are you enrolled in the free online Civics Course?  | yes/ no |
| Are you attending the Monday Night Call-In?  | yes/ no |
| **[NOTES]:** |