

Without One Plea

P.O. Box 2298 Lodi, California 95241
(209) 420-8369 info@withoutoneplea.org WithoutOnePlea.org

Welcome to Without One Plea (WOP) and thank you (Client) for taking the steps necessary to cancel and recapture any restitution paid as deemed owed on your Abstract of Judgment (AOJ) and, to establish priority status for collection of financial compensation for damages once CDCR acknowledges your illegal imprisonment. As with most things, the first in time is the first in line.

Our services include certified demand letters to CDCR, et al, for:

- return of any restitution seized from you by CDCR pursuant to the AOJ; and
- your release from prison/parole and financial damages for false imprisonment.

The demand letter contains the following:

- demand for the authority/court order authorizing imprisonment and payment of restitution;
- a demand for your immediate release from prison and return of restitution seized;
- principal sum of financial damages established and daily damages until release; and
- notice of state and public employee liability for false arrest and imprisonment.

The fee: \$5,000 plus 50% of recovered restitution and damages received for false imprisonment.

For services rendered, by my signature below, I agree to pay the initial \$5,000 fee and to split any recovered restitution and/or compensation/damage funds received for false arrest/imprisonment, at time of receipt, at a rate of 50% to me and 50% to WOP or designee. I understand that this agreement and Limited Power of Attorney (LPOA) must be signed by me and received by WOP before service begins; and, that the service will be commenced within 10 days from WOP's receipt of the LPOA, required information on the reverse side of this page, and fee.

Client Signature: _____ Date: _____
Printed name: _____

LIMITED POWER OF ATTORNEY

I, _____ hereby give Lonnie G. Schmidt, President, WOP, or designee, power to sign my name to demand letter and letters derivative thereof and documents necessary for purposes of terminating and recovering restitution withheld by CDCR and terminating my custody status with CDCR. And to negotiate, settle and receive payment on my behalf—from CDCR and/or State of California or their authorized representative or otherwise—for the unlawful seizure of restitution from my inmate trust account and financial damages for the false arrest/imprisonment of my person.

Dated: _____ Client Signature: _____
Printed name: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

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Client Name: _____ CDCR#: _____

Mailing Address: _____

Date of birth: _____

Outside contact: _____

Address: _____

Phone: _____ Email: _____

Criminal Complaint (Felony Complaint) # _____
(Include copies of Complaint and Abstract of Judgment).

Date of arrest: _____ Total time served to date: Years _____ Days _____

Restitution seized: \$ _____

WOP Use Only

Valuation of Rights, Freedoms and Immunities (VRFI) — In County/State custody:

Less than 10 years _____ (10M + daily); more than 10 years _____ (daily + 10M).

Total: Years and days _____ Total Claim: _____

Received: LPOA _____

Complaint _____

AOJ _____

Fee: _____

Demand Letters: _____ Cert. Mail RRR No.: _____

_____ Cert. Mail RRR No.: _____

Restitution Claim: _____

VRFI Claim: _____

Comments: _____