Instructions for AFFIDAVIT OF EVIDENCE IN SUPPORT OF PETITION SEEKING WRIT OF MANDAMUS RELIEF

1. Fill in your legal name in the first line.
2. Bullet point #3 in Affidavit -Enter your example of when your rights have been deprived due to the Executive Orders by Governor Polis or the CO Public Health Department. Enter as many as you wish.
3. Include any attachments you may have and label them EXHIBIT A, EXHIBIT B and so on. Examples might be a letter from the school requiring masks, letters from HR trying to force vaccination, If a reward is offered for the Vax attach any documentation of it and change the wording from “compel” to “coerce”
4. Print Pages 3 Through 6 (or 7 if you have added a large amount of text!)
5. Take it to a Notary Public to have it Notarized. DO NOT SIGN IT UNTIL YOU ARE WITH THE NOTARY!
6. Email the Notarized Affidavit to [colosupct@judicial.state.co.us](mailto:colosupct@judicial.state.co.us)
   1. If you do not have a scanner available, can I recommend a phone app. I use the free app DocScan (https://pdfdocscan.page.link/share)  
      Or mail it to :   
      Colorado Supreme Court  
      2 East 14th Avenue  
      Denver, CO 80203

**Sample Examples to use for your affidavits for the #3 spot and any additional you have**

Feel free to use you words to describe your truth or take these and adapt them to your situation so you can knock it out.

**EXAMPLES – USE WHAT YOU WISH OR WRITE YOUR OWN**

1. I was diagnosed with Coronavirus in the beginning of DATE. I now have natural immunity. I do not believe that any federal, state, or local law or rule should compel, directly or indirectly, any person to participate in a health care system. I suffer from allergies and thyroid abnormalities that may interact with the experimental shot that is being pressured upon the citizens of the world. The mask mandate alone that was imposed upon the companies within the state of Georgia had me suffering through the months of March and April with sinus issues. In April I was placed on steroids to help with my deteriorating health.
2. I believe the pressure put upon the medical field by the Governor Polis has come between patient and doctor choice and made it all but impossible for me to obtain what I feel would have been appropriate treatment and medication.
3. Every time I go to the dentist or doctor, I am being compelled to comply with mask mandates in order to receive service. I am asserting my rights as a US citizen and a resident and citizen of the state of Colorado that this is unconstitutional and I am being compelled to participate in health care system.
4. I received an email communication from my employer, COMPANY NAME, stating that I must be vaccinated against Covid-19 by \_\_\_\_\_\_\_\_\_\_\_ or I will "voluntarily resign" my position with the company/institution.
5. I am being compelled with a penalty of loss of employment if I do not take the Covid-19 injection. Please see exhibit A of this correspondence.
6. I am being compelled to participate in a Healthcare System.
7. My family and I have been denied dental services including our 6-month checkups due to the insistence that we wear a medical device on our face and submit to a temperature check in order to be seen by the dentist and hygienist
8. My daughter and I have been forced to leave a nail salon and denied service because I would not keep my mask over my nose the way they demanded I wear it. I was screamed at by the employee in front of other patrons and other workers there who had no issue with how I wore my mask.
9. Upon boarding Spirit Airlines Flight# 178 from Tampa FL to Cleveland OH, the plane was so hot and crowded I started to have a panic attack, so I pulled my mask away from my face for 5 seconds to catch my breath. The flight attendant came right up and told me to put it back on. I told him I was having shortness of breath and was trying to regulate my breathing in which he said "then get off the plane because you must remain masked". This is in direct violation of my rights to remove my mask from my face in the event I am having difficulty breathing or experiencing shortness of breath.
10. I have been told by the Superintendent of \_\_\_\_\_\_\_\_\_\_\_ School District that my child must wear a mask as compelled by the CDC.
11. While boarding the bus home, my child was told by the bus driver that “in order to get to ride home, you have to put your mask on.” My child felt intimidated and unsure if she could get home if she did not comply.
12. My employer the defense logistics agency is compelling me to participate in the healthcare system by being required to be vaccinated and routinely tested and to wear a mask or face covering based on COVID-19. I do not consent to any of the above I am being penalized for choosing my own healthcare and this course of action by my employer is unconstitutional. I am being told by my employer that my employment will be terminated if I do not comply with the embossed, please see exhibits a. and b.
13. I received communication from my child's school district via an "all call' phone call on \_\_\_\_\_\_\_\_th, 2021 mandating face masks for all students and staff for the beginning of the 2021-2022 school year. Per the Superintendent this was to be re-evaluated by \_\_\_\_\_\_, 2021.
14. My child has been compelled to wear the face mask (an alleged medical device) and has been reprimanded in the classroom setting for not wearing his mask correctly. This threatens his participation in the classroom and possibly bis ability to attend in person classes in school as well as his health.
15. I received written communication from the \_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent on \_\_\_\_\_2021 that the mask policy for the 2021-2022 school year has since been extended for all students, staff, and visitors. Please see Exhibit O attached to this correspondence.
16. Once again my child has been compelled to wear the face mask (an alleged medical device) or be reprimanded in the classroom setting for not wearing his mask correctly. This threatens his participation in the classroom and possibly his ability to attend in person classes in school as well as bis health.
17. My son was compelled to wear said mask (an alleged medical device) in the school setting. If he did not wear his mask properly in class he was reprimanded. This threatened his participation in the classroom and possibly his ability to attend in person classes in school as well as his health.
18. Per the written communication from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District on 7-13-2020 via \_\_\_\_\_\_\_\_\_\_\_\_, classroom staff were to conduct student health assessments during homeroom, including taking temperatures during the 2020-2021 school year. Please see Exhibit M attached to this correspondence.
19. My son was compelled to have his temperature taken each day in class or risk being reprimanded or removed from participation from an in-person school setting.
20. I have been compelled by state entities, both public and private to wear an alleged medical device in order to enjoy liberties such as entering a place of business, restaurants, hospitals, and doctor's offices to name a few. I would most likely be denied services for declining to participate in measures which violate my civil liberties
21. I am asserting my constitutional right described in the U.S. and Colorado Constitutions.
22. Myself and my son are being compelled to participate in a healthcare system.

|  |  |
| --- | --- |
| **COLORADO SUUPREME COURT**  Court Address:  2 East 14th Avenue  Denver, CO 80203  Petitioner(s):  STATE OF COLORADO ex rel:  In re LINDA SUSAN BISSETT  v.  Respondent(s):  GOVERNOR OF COLORADO:  JARED POLIS | **COURT USE ONLY** |
| Party Without Attorney (Name and Address):  STATE OF COLORADO ex rel:  In re LINDA SUSAN BISSETT  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  Phone Number:\_\_XXXXXXXXXX\_ E-mail: XXXXXXXXXXXXXXXX | Case Number: 21SA293  Division Courtroom |
| **AFFIDAVIT OF EVIDENCE IN SUPPORT OF PETITION SEEKING WRIT OF MANDAMUS RELIEF** | |

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, being first duly sworn according to law, hereby declare, under penalty of perjury, that I have full personal knowledge of the events and matters set forth herein, and that the following is true and accurate to the best of my knowledge:

1. I am over 18 years of age and competent to make the following representations.
2. I am a citizen of the State of Colorado and have legal standing to assert my rights under C.R.S. Section 13-20-1101
3. \*\*\* STATE YOUR EXAMPLE(s)\*\*\*
4. \*\*\*\*INCLUDE THIS IF YOU’RE ATTACHING EVIDENCE\*\*\*\*\*\*See Exhibit(s) A -Z as evidence that they are compelling me by way of penalty to participate in a healthcare system against my will.

**VERIFICATION**

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2021 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who presented a valid photo I.D. as personal identification.

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

Notary Public

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_