Instructions for AFFIDAVIT OF EVIDENCE IN SUPPORT OF Amended complaint

1. Fill in your legal name in the first line.
2. Bullet point #6 in Affidavit -Enter your example of when your rights have been deprived due to the Mandates. 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 a PDF or Word Doc of the Notarized Affidavit to COD\_ProSe\_Filing@cod.uscourts.gov with the case number in the subject line. Indicate in the body of the email that the attached affidavit is evidence in support of case #**21-CV-02538**
   1. If you do not have a scanner available, can I recommend a phone app. I use the free Adobe scan app - <https://www.adobe.com/acrobat/mobile/scanner-app.html>

**Examples to use for your affidavits for the #6 spot and any additional you have**

Feel free to use you own words to describe your experience of deprivation of rights 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 am asserting my inalienable rights described in the U.S. and Colorado Constitutions which the School Board members swore an oath to uphold.
2. My tax dollars are being used to harm the children in my school district both physically and psychologically against my wishes.
3. My child is experiencing anxiety due to the EUA face masks.
4. My child has become extremely fearful since the EUA face mask mandates have been initiated.
5. My child is showing signs of physical harm due to the EUA face mask mandates.
6. My child is being bullied by their teacher/peers due to the EUA face mask mandates
7. I believe the pressure put upon the teachers at my school have created an unhealthy environment for my child.
8. Every time I enter the school buildings, 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.
9. 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.
10. The mask mandate has caused me suffering Health problem.
11. I have been told by the Superintendent of Poudre Valley School District that my child must wear a mask.
12. 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.
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 EUA face mask (medical experiment) and has been 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 his health.
15. 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. This is a violation of his privacy.
16. I have been compelled by the PVSD to partake in a medical experiment by the wearing of an Emergency Use Authorized face mask in order to enjoy liberties such as entering a the school offices. I have denied entry for declining to participate in the medical experiment which violate my civil liberties
17. Myself and my son are being compelled to participate in a healthcare system.

**UNITED STATES DISTRICT COURT   
FOR THE DISTRICT OF COLORADO**

**M.K. minor, By and Through Their ) CASE NO. 21-CV-02538  
Erin Ramler, *Pro Se*, )**

**) JUDGE**

**Plaintiffs )**

**v. ) AFFIDAVIT OF**

**POUDRE VALLEY SCHOOL DISTRICT )**

**BOARD OF EDUCATION, *et al.* ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Defendants )**

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 Colorado state.

3. I am filing this Affidavit in support of Plaintiffs in the above-captioned matter.

5. As with the medical system to which the Plaintiffs have been subjected in the instant matter, so to have I been required to engage in a medical system, which has no basis in fact or science, that is being forced upon my community.

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Specifically, my minor child/grandchild is required to wear an Emergency Use Authorized face mask, in contradiction of my child’s health, despite the fact that the masks have no basis in fact or science.

8. I refuse to stand by as the constitutional rights vested in my family and me are violated, and I lend my full support to Plaintiffs as they fight to preserve the constitutional freedoms of the American people and to end the gross overreach in which the federal and state governments continue to engage.

9. I also refuse to stand by as parents across the United States are told by courts, judges, and lawyers that they lack the legal ability to represent their own minor child(ren) *pro se*. Minor children often lack the ability to bring legal claims on their own behalf, and thus, they are not able to assert their constitutional rights against mask mandates that serve no science-based purpose in schools and, to the contrary, that pose health dangers to children. Furthermore, parents of children who are subjected to universal mask mandates in school are financially responsible for the well-being of such children. Therefore, it is repugnant to the civil liberties of all such children that their parents would be prevented from representing their own children *pro se* in a court that is supposed to be *for the people* – NOT just for judges and lawyers. I fully support Plaintiffs as they endeavor to protect Plaintiff’s constitutional right to provide for *all needs* of their minor children in the instant matter.

FURTHER, AFFIANT SAYETH NAUGHT.

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

Autograph

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

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

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STATE OF COLORADO

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

Sworn to and subscribed before me this \_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021 by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who presented a valid photo I.D. as personal identification.

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

Notary Public

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