First-Middle: Last

c/o 1234 Your Address Street

City/ Town, State [12345]

**NOTICE OF TERMINATION**

**NOTICE OF CONDITIONAL ACCEPTANCE**

THIS IS A PRIVATE COMMUNICATION BETWEEN THE PARTIES

NOTICE TO AGENT IS NOTICE TO PRINCIPAL ••• NOTICE TO PRINCIPAL IS NOTICE TO AGENT

APPLICABLE TO ALL SUCCESSORS AND ASSIGNS

Date: Today’s Date, 2024

To: Attorney Name Here

C/O COURT NAME GOES HERE

1234 ATTORNEY ADDRESS ST.

CITY / TOWN, ST 12345

RE: Notice of Termination and/or Conditional Acceptance of Attorney

RE: Case # xxxxxxxxxx, COURT NAME GOES HERE

Dear Sir / Madam:

Thank you very much for your offer of assistance. I’m confident the court wouldnot offer to appoint an attorney for the Defendant unless they were of the best quality and partial only to the successful defense of my Estate. Notice is hereby given that you are either terminated as of Today’s Date, 2024 or the Undersigned conditionally accepts your offer as Public Defender for the Defendant, FIRST MIDDLE LAST, on the condition that:

1. THAT you accept private asset compensation payment;
2. THAT you do not argue the facts;
3. THAT you bring asset setoff, settlement, and closure on the private side;
4. THAT you be personally converted on all liability as surety for the Defendant; and
5. THAT this court approves said terms and conditions in writing prior to any acceptance by the undersigned authorized representative.

This **NOTICE OF CONDITIONAL ACCEPTANCE** is intended as a complete and exclusive statement of the terms of the agreement between the parties as a final expression in a recordas it relates to appointment of an attorney in this matter.

Please exercise ordinary care as the party entitled to enforce these instruments and ensure that all debit or credit transactions ledgered to account FIRST MIDDLE LAST, S.S.N. # XXX-XX-XXXX, are done so in the best interest of the United States Treasury.

Thank you for your consideration, and I look forward to a relationship that is mutually beneficial for all parties involved.

Sincerely,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last, Authorized Representative