Targeted Individual Declaration

This is a seven part, specially designed standard form for targeted individuals to share their unique experiences. The purpose of this form is: (1) to legitimately accumulate evidence to convince legislators to introduce bills banning these heinous crimes globally, (2) assist targeted individuals in organizing their experience into a format that is easy to use and easy for the reader to comprehend, and (3) file future class action lawsuits.

PERSONAL INFORMATION

Surname_____

First Name_____

Date of Birth_____

Phone Number_____

Email Address_____

Address_____
_

City State Postal Code_____

Country_____

SUMMARY OF TARGETING

In this section, we will ask questions about the targeting you are currently experiencing or have experienced in the past.

Check all of the symptoms you have experienced.
_____ Voice to skull (V2K)
_____ Electrical pulses, zaps, burning sensations, etc.
_____ Organized stalking (Gangstalking)
_____ Other

When did you become a targeted individual?
_____
_____

Do you know who is responsible for your targeting?
_____ Yes (See next question.)
_____ No

If yes, list who you suspect to be responsible for your targeting.
_____
_____
_____

Have you had any doctor visits since your targeting has begun?
_____ Yes
_____ No

Have you had any police encounters since your targeting has begun?
_____ Yes
_____ No

Have you been involved in any lawsuits directly related to you being a targeted individual?
_____ Yes
_____ No

DETAILED EXPLANATION OF TARGETING

In chronological order, provide a detailed narrative of your targeting. Attach extra documentation and photos if needed. *DO NOT ATTACH COPIES/ PHOTOS OF POLICE REPORTS, MEDICAL RECORDS, OR DEBTS INCURRED TO THIS SECTION.*

MEDICAL

In this section, explain in detail all doctor and hospital visits directly related to your targeting. Please include any records, photos, and bills you can provide.

POLICE

Describe specifically all police incidents you have been involved in because of the targeting. Include all event logs, names of people involved, witnesses, and police agency contact information.

LAWSUITS

If you have been involved in any lawsuit(s), please provide detail of the suit(s) and the judgment(s) entered. Provide any documentation that you have available.

SIGNATURE

By signing, you declare that everything included is true to the best of your ability.

_____ DATE _____

PLEASE KEEP FOR YOUR RECORDS AND ORGANIZE YOUR DOCUMENTATION IN THE SAME ORDER, CHRONOLOGICALLY.