SUMMARIZE

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Michael Flynn has filed a \$50 million claim against DOJ for malicious prosecution.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions or reverse side and supply information requested on both sides of form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		th sides of this	FORM APPROVED OMB NO. 1105-0008		
Submit to Appropriate Federal Agency.			Name, address of claimant, and claimant's personal representative if any. (See instructions or reverse). Number, Street, City, State, and Zip code.				
Federal Bureau of Investigation U.S. Attorney's Office for District of Columbia U.S. Department of Justice The Executive Office of the President Special Counsel's Office			(See instructions on reverse). Number, Street, City, State and Zip code. Lt. General Michael T. Flynn (Ret.) c/o Jesse Binnall, Binnall Law Group, PLLC 717 King Street, Suite 200 Alexandria, Virginia 22314				
3. TYPE OF EMPLOYMENT MILITARY X CIVILIAN	4. DATE OF BIRTH 12/24/1958	5. MARITAL STAT	US	6. DATE AND DAY OF ACCIDE 07/01/2016	NT 12/08/2020	7. TIME (A.M. OR P.M.) NONE	
B. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).							
See additional pages.							
9. PROPERTY DAMAGE							
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).							
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.							
(See instructions on reverse side). Financial including loss of past and future earnings and/or revenue; attorney fees and expenses; court costs; legal expenses							
10. PERSONAL INJURY/WRONGFUL DEATH							
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Compensatory damages including but not limited to lost past and future earnings/revenue, emotional distress, lost opportunity to be President's National Security Advisor, significant restraints of personal liberty, attorney fees/expenses and court costs in defending against malicious prosecution, abuse of process, false arrest, et al. activities of FBI, DOJ, and the White House.							
11. WITNESSI			ES				
NAME	ADDRESS (Number, Street, City, State, and Zip Code)						
See #8 - names in additional pages							
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)							
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WR		RONGFUL DEATH 12d. TOTAL (Fai forfeiture of		ure to specify may cause your rights).	
5,000,000.00	45,000,000.00	0.00		50,000,000.00)	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.							
13a. SIGNATURE OF CLAMMANT (See instructions on reverse side).				13b. PHONE NUMBER OF PERSON SIGNING FORM		M 14. DATE OF SIGNATURE	
Go Hall				(703) 888-1943		02/24/2022	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			