

Jean M. Letennier  
P.O. Box 569  
Unadilla, New York 13849  
Date: \_\_\_\_/\_\_\_\_/2024

**Prosecuting or Plaintiff's Attorney Questionnaire/Disclosure.**  
**YOU HAVE 10 DAYS TO RESPOND OR RECEIVE A DEFAULT**  
**AND CASE MUST BE DISMISSED**

**To Attorney of Record:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Current Address and/or Location: \_\_\_\_\_

Phone or Cell No.: ( \_ \_ \_ ) \_\_\_\_\_

Alternate Cell or Phone No.: ( \_ \_ \_ ) \_\_\_\_\_

1. Do you have a business license  Yes  No

1a. If so, please provide the following information:

Licensing Authority \_\_\_\_\_

2. Are you "licensed" to practice law?  Yes  No (not referring to a union membership) DO YOU HAVE A BUSINESS LICENSE TO CONDUCT BUSINESS  
 Yes  No

2a. If so, please provide the following information:

Licensing Authority \_\_\_\_\_

2b. What does this license authorize (e.g. The practice of law or the operation of a Business?)  
\_\_\_\_\_

3a. Are you a personal corporation or other entity when acting as an attorney?

Yes  No

3b.. If Yes, in what capacity do you act?

---

---

3b. If you act as a corporation while in the capacity of attorney, please provide the following information:

Location where formed \_\_\_\_\_

Date of formation: \_\_\_\_\_

Name of corporation \_\_\_\_\_

Corporate liability:  Limited  Regular (check one)

3c. If an alien or foreign corporation, has the corporation been registered with State Secretary of State?  Yes  No

3d. If Yes, please provide the following information:

Registering Authority \_\_\_\_\_

4. Please provide your Attorney Bar Association Member Card (Union Card) #

---

5a Are you bonded for the practice of law?  Yes  No

5b If Yes, please provide the following:

Bond Number: \_\_\_\_\_ Bond company name: \_\_\_\_\_

Bond company phone: \_\_\_\_\_ Bond Amount: \_\_\_\_\_

---

6a. Do you carry Errors and Omissions Insurance?  Yes  No

6b. If Yes, please provide the following:

Insurance Number \_\_\_\_\_

---

Insurance company name: \_\_\_\_\_ Insurance company address \_\_\_\_\_

Insurance company phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Insurance amount: \$ \_\_\_\_\_

6c. If self insured, have you listed the assets used to form the insurance with any State Insurance Commission?  Yes  No

7a. Are you insured against malpractice?  Yes  No

7b. If Yes, please provide the following:

Insurance Number: \_\_\_\_\_

Insurance Company name: \_\_\_\_\_ Insurance company address \_\_\_\_\_

Insurance company phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Insurance amount \$ \_\_\_\_\_

Insurance Description \_\_\_\_\_

7c. If self insured, have you listed the assets used to form the insurance with any State Insurance Commission?  Yes  No

7d If Yes, what State? \_\_\_\_\_

8a. Are you licensed to practice in endeavors-undertaking other than JUDICIAL, At and before the Executive branch (quasi-judicial) levels for Administrative Pleading, as required by the class of cases represented on page 286, 1 US Sct Digest under "Exhaustion of Administrative Remedies?  Yes  No

8b If Yes, please provide:

Licensing Authority in the Executive Branch: \_\_\_\_\_

Your license Number: \_\_\_\_\_ The date of license: \_\_\_\_\_

9. Do you have Power of Attorney to represent the juristic person/corporate Entity known as UNITED STATES of AMERICA or similar  Yes  No

9a. If Yes, please provide the following:

Date of Power of Attorney \_\_\_\_\_

Is the Power of Attorney  General or  Limited (check one)

What date does it expire? \_\_\_\_\_

If Limited, what are the limitations?

If more space is required, use the back of this page to continue

\_\_\_\_\_  
Authorizing Signature (officer name) \_\_\_\_\_ Is signature notarized?

10. Do you have Power of Attorney to represent the corporation duly authorized to do business under the laws of the State of [Oregon](#), known as YOUR Dealer Services?  
?

Yes  No

10a. If Yes, please provide the following: Date of Power of Attorney \_\_\_\_\_ Is the Power of

10b. What date does the Power of Attorney expire? \_\_\_\_\_ If limited, what are the limitations?  
If more space is required, use the back of this page to continue

\_\_\_\_\_  
Authorizing Signature \_\_\_\_\_ Is signature notarized?  Yes  No

11. Do you have Power of Attorney to represent the juristic person/corporate Entity known as UNITED STATES OF AMERICA, or UNITED STATES  Yes  No

11a. If Yes, please provide the following:

Date of Power of Attorney \_\_\_\_\_

Is the Power of Attorney  General or  Limited (check one)

What date does it expire? \_\_\_\_\_

If limited, what are the limitations?

If more space is required, use the back of this page to continue

11b. Attorney Questionnaire – Page 5

Authorizing signature (officer) \_\_\_\_\_ Is signature notarized? [ ]

11c. Do you have any firsthand knowledge of the facts in this matter? [ ] Yes [ ] No

12. Are you competent to be a witness? [ ] Yes [ ] No

13. Are you a competent witness in this case? [ ] Yes [ ] No

14. Is your client legally incompetent in that the representative of this client Declared themselves to be either unwilling or unable to negotiate directly with me? [ ] Yes [ ] No

15. Do you have a specific authorization of law to exercise the functions of Your office outside of the District of Columbia? [ ] Yes [ ] No

16. Has your client agreed that he will be bound by your actions and legal Determinations? [ ] Yes [ ] No

16 a. Have you registered as a Foreign Agent under FARA.

**Verification:**

I declare under the penalty of perjury and under my full commercial Liability herein is true, correct, complete, and not misleading.

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_ 2024

\_\_\_\_\_(Signature)

**NOTICE AND WARNING: THIS QUESTIONNAIRE MUST BE COMPLETED AND RETURNED WITHIN 10 DAYS, OR WILL BE ACCEPTED AS YOUR REFUSAL TO DISCLOSE IMPORTANT INFORMATION AND/OR THIS CASE WILL BE PERMANENTLY CLOSED, WITH PREJUDICE.**

Please Complete and Return to  
[Your Name](#)  
[Address](#)  
[City, State](#)