



2023 MEDICAL FREEDOM FUND APPLICATION

PURPOSE

The purpose of the Medical Freedom Fund is to provide grants to support legal expenses for physicians, nurses, allied health professionals, families of hospitalized patients denied effective treatment, military members and federal employees who are threatened with dishonorable discharge, termination of employment or other punitive measures. Our Medical Freedom Fund provides legal grants to people from the groups listed above who have acted within their civil rights to request exemption from the experimental COVID vaccines and have chosen to pursue legal action to restore their human and civil rights. Individuals who experience other categories of egregious violations of “human and civil rights secured by law” will also be considered.

The Medical Freedom Fund is not meant to provide comprehensive legal funding for any single individual. The Fund provides *partial financial support* in the form of grants or loans as outlined below to defray the cost of legal and ancillary expenses for legal action necessitated by interference with core individual Constitutional and civil rights to present medical information, choose or refuse medical treatments, and other forms of interference with medical freedom.

The level of support granted is contingent upon the availability of annual funding, and a valid use for the funds requested that conforms with the criteria below.

Note: The Foundation ***cannot accept individual contributions that are designated to a particular individual or case*** as this would not be considered a charitable contribution under IRS guidelines. The IRS does not allow public charities to provide legal defense grants to individuals directly. All grants must be paid to the *attorney of record escrow account for the applicant*. Selection of grant recipient also must comply with IRS guidelines for an impartial, independent, and transparent selection process. Grants can not inure solely to the benefit of one individual but must have the potential to benefit the larger public good and the Foundation’s core mission to “defend human and civil rights secured by law” (quote is from IRS rules).

The level of support granted is contingent upon available annual funding, and uses that conform with the Use of Funds criteria.

USE OF FUNDS: Funding from the Medical Freedom Fund may be used for:

- Legal Retainers
- Legal defense expenses, for example attorney fees, expert witnesses or investigators deemed necessary by the attorney of record. Foundation grant funds may *not be used* to pay “referral fees” to other attorneys.
- Related medical evaluations *requested by Foundation medical advisors* to help clarify issues relevant to the case, and/or research critical to the legal case.



- Other necessary actions, such as independent autopsies, deemed critical by the Foundation's medical and legal advisors prior to accepting a case

An applicant may submit a follow up application as necessary for additional support, according to the above criteria for Use of Funds in order for the case to proceed. *Additional applications are subject to availability of funds and the criteria for selection applied in first application.*

TYPES OF FINANCIAL SUPPORT

I. Medical Freedom Grants:

Medical Freedom Grants are extended based on IRS guidelines for a public charity allowed to award legal defense grants to defend "human and civil rights secured by law." Grants are also available in situations where contingency cases and the expectation of financial recovery and financial settlement are not likely to be feasible, due to the nature of the lawsuit. Foundation grant funds may *not be used* to pay "referral fees" to other attorneys. Foundation grant monies are not required to be returned to the Foundation in the event the case is dismissed or there is an adverse ruling against the applicant's case. **Funding will be paid only to the attorney of record to the firm's Trust Account.**

II. Medical Freedom Loan Fund:

The loan fund may be used in a case with potential broad applicability for the public good and/or public safety when there is a reasonable expectation of recovery and settlement at the conclusion of the case. At the discretion of the Foundation officers, and in compliance with relevant IRS guidelines, this fund may be considered for retainers and other legal fees in cases of national impact involving plaintiff/s, including but not limited to multiple plaintiffs. As with Medical Freedom grants, such loans also must comply with the Foundation's Use of Funds criteria.

Loans are secured by the attorney of record when the case is accepted by the attorney *on a contingency basis*. All funding provided by the Foundation is re-paid out of the settlement from the attorney's contingency fee at the conclusion of the case. The Foundation accepts the risk associated in providing the loan in the event there is no financial compensation recovered. A formal loan agreement will be obtained from the attorney of record and his/her client upon acceptance of the funding.

Recognizing that not all donations will be granted immediately or that not all donations will be granted at any given time, the Foundation recognizes the need to invest those un-granted funds in suitable investments for growth, preservation, diversification and increase of value to support legitimate Foundation expenses and initiatives.

In furtherance thereof, it shall be permissible to deploy said un-granted assets in any arms-length investment in any suitable investment class; whether debt, equity, participation or otherwise in private or public companies or individual people, legal or natural. The objective of this authorization is in furtherance of the Foundation's stated goals and pursuits.



REFERRALS AND ELIGIBILITY:

The Fund will support:

- o Military and federal employees threatened with dishonorable discharge, termination of employment or other punitive measures when acting to oppose an unlawful order mandating use of EUA products, or acting within their Constitutional, human and civil rights to request exemption from the experimental COVID vaccines and other EUA products being mandated in violation of core human and civil rights secured by law.
- o Licensed and/or credentialed medical and allied health professionals who are currently working in the healthcare field, and subjected to punitive actions for resisting unlawful mandates for use of EUA products and/or medical censorship affecting their license and/or delivery of medical care;
- o Families pursuing legal recourse for patients who died due to lack of adequate treatment as a result of medical censorship and/or violation of patient's fundamental rights to request or refuse a specific medical treatment.
- o Individuals who experience other egregious violations of "human and civil rights secured by law" will also be considered.

Uses of Funds:

- Funds will be used toward legal activities relative to issues associated with loss of licensure, loss of employment and livelihood, and legal case support for those cases of egregious violations of "human and civil rights secured by law".
- Individuals who need assistance may be referred by their attorney or apply directly to the Foundation for review by the Medical Freedom Fund Committee which is comprised of independent volunteers not employed or contracted by the Foundation.
- The Legal Defense Grant Committee are volunteers, not employees or contractors of the Foundation. Committee selection is approved by the CEO of Truth for Health Foundation, and may include medical, legal, military professionals and patient advocates. Committee members names are not disclosed to applicants to avoid any appearance of undue influence. Any member of the Committee must disclose conflicts of interest related to an application and recuse themselves if a conflict exists for a given case. These disclosures will be maintained on file in the Truth for Health Foundation offices.



SELECTION AND DISTRIBUTION: PLEASE REVIEW CAREFULLY

- All individuals or referrals who are requesting assistance must complete a Medical Freedom Fund Confidentiality Agreement and Medical Freedom Fund Application, available on the Truth for Health Foundation website.
- Applications are screened by the CEO of the Truth for Health Foundation and/or appropriate staff for completeness, eligibility according to IRS and Foundation criteria, and adequacy of the legal documentation provided with respect to the legal causes of action to the case under consideration. Incomplete applications will be required to provide further documentation.
- Eligible applications are forwarded to the Medical Freedom Fund Committee for review and decision making. The Committee will convene as necessary (due to volume, criticality, and urgency) to approve a distribution from the Fund.
- Applicants will be notified by the Truth for Health Foundation of the Committee's decision within three (3) business days of the Foundation receiving all votes from members.
- **Distributions from the Fund will be made directly to the attorney of record after the law firm submits a detailed invoice to the Foundation for payment that includes a W-9 with the attorney's EIN number, bank name/routing and account information** . This ensures compliance with Use of Funds criteria as requested on the application and as approved by the Medical Freedom Fund Committee.
- All invoices and expenditures will be approved by the CEO of the Truth for Health Foundation before funds are released to the attorney of record escrow account.



MEDICAL FREEDOM FUND APPLICATION 2023

Summary: Use of Funds

- Legal Retainers
- Legal defense expenses such as expert witnesses or investigators
- Related medical/scientific evaluations and research critical to the case
- Other necessary actions, such as independent autopsies, or other actions deemed critical by the Foundation's medical and legal advisors prior to accepting a case

A subsequent application may be submitted as necessary for additional support, according to the above criteria, in order for the case to proceed. Additional applications are subject to availability of funds and the criteria for selection applied in the first application.

PLEASE ENSURE YOU HAVE COMPLETED THE ENTIRE APPLICATION BELOW. ATTACH YOUR ATTORNEY OF RECORD ENGAGEMENT LETTER AND LEGAL SUMMARY OR COMPLAINT. FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL RESULT IN AN INCOMPLETE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND THEREFORE GRANTS WILL NOT BE AWARDED.

Applicant Information

Name of Applicant: _____ Relationship to Patient: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residence street address if different from mailing address: _____

City: _____ State: _____ Zip: _____ Primary Email: _____

Home or Work Phone: _____ Mobile Phone: _____

Use of Funding and Requested Amount (check all that apply):

- ☐ Legal Retainer
- ☐ Legal defense expenses, such as expert witnesses or investigators
- ☐ Related medical evaluations and/or research, critical to the case
- ☐ Other necessary actions, including independent autopsies, as deemed critical to the case by the Foundation's medical and legal advisors

Total Amount Requested: \$ _____ Funding needed by (date): _____



If the request is for multiple purposes, please provide individual amount requests:

What is the total estimated cost of your legal efforts? \$_____

Provide a description of financial need and the reasons these funds are necessary for the represented individual and for the attorney:

Brief Description of the Case: Please attach a WORD file of the case details, legal causes of action, and/or the formal complaint.

Attorney has been retained? YES___ NO___ **If no attorney has been retained, the application will be kept on file until such time as there is an attorney of record, letter of engagement, and legal information needed for the Committee to make a determination.**

Name of Attorney_____ Name of Firm:_____

Address_____ City_____ State_____ Zip_____

Phone Number (office) _____ FAX _____ (Cell) _____

Email _____

Has the case been filed? Yes_____ No_____

What medical censorship or infringement of human or civil rights related to medical freedom has occurred that has resulted in legal action? If more space is needed, please attach WORD file of details to assist the committee:



Explain why these funds are necessary, including any personal information the applicant is comfortable with disclosing.

Email the Completed Application and ALL SUPPORTING DOCUMENTS REQUIRED TO both email addresses:
GladysMcGraw@TruthForHealth.org and LegalGrant@TruthForHealth.org

Please put in subject line →→→ ATTN: The Truth for Health Medical Freedom Fund Selection Committee

- ☐ COMPLETE APPLICATION (ABOVE)
- ☐ ATTORNEY OF RECORD LETTER OF ENGAGEMENT, SIGNED BY ATTORNEY
- ☐ LEGAL SUMMARY OF CAUSES OF ACTION OR ANY LEGAL COMPLAINT PREPARED BY ATTORNEY
- ☐ ANY/ALL OTHER SUPPORTING INFORMATION* (to assist the Committee in making a determination)

*Audio or video recordings, medical records or other large files should be provided via a file transfer protocol (FTP) such as a Dropbox Link.