

'Fall Court
at 'Federal District Court'
of the land of Rhode-Island

RECEIVED

JUN 19 2015

U.S. DISTRICT COURT
DISTRICT OF R.I.

[Case 1:13-cr-135 M]

Verified

7015 0640 0007 1598 7606

Notice and Demand for Response

In May, 2015, i, the man, John Joseph Fall, a Private Citizen, caused a document to be mailed to the man, John J. McConnell, Jr., who sometimes acts as Magistrate; said document is titled (similarly): "Notice and Demand for Findings of Fact and Conclusions of Law ..."; and i have not received a proper response; i have also not received any truths which, under oath or affirmations, opposes or contradicts My verifiable claims on the record of case 1:13-cr-135 M (and its variations of syntax);

by June 25, 2015

if i do not receive a proper response, then i shall interpret that to mean there are no findings of fact, nor conclusions of law as basis for the wrongs caused by John J. McConnell, Jr. against Me: false imprisonment, battery, involuntary servitude, cruel and unusual punishment, et cetera;

i say here and will verify in open court, all herein be true;

John Joseph Fall, a man, a Private Citizen ; June 9, 2015
John Joseph Fall

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p><i>X</i></p>	
<p>1. Article Addressed to:</p> <p><i>John J McConnell, Jr.</i> <i>c/o Clerk's Office</i> <i>Federal District Court</i> <i>1 Exchange Terrace</i> <i>Providence, RI 02903</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7015 0640 0007 1598 7606 <i>Job</i></p>		

PS Form 3811, July 2013

Domestic Return Receipt