

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Charles Cosgrove	COURT CASE NUMBER 7:09-cv-64-KKC	
DEFENDANT Bureau of Prisons, et al	TYPE OF PROCESS Sum, Cmplt, Order #4 and this Order	
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN U.S. Attorney - EDKY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 260 W. Vine Street, Suite 300, Lexington, KY 40507		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Charles Cosgrove 11208 E. 24th Street Independence, MO 64052	Number of process to be served with this Form 285	4
	Number of parties to be served in this case	6
	Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 606-437-6160	DATE 7/20/2009
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (if not shown above) _____	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) _____	Date _____
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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United States Marshals Service

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DEFENDANT Bureau of Prisons, et al		TYPE OF PROCESS Sum, Cmplt, Order #4 and this Order	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	U.S. Attorney General		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5137 Robert F. Kennedy Bldg., 10th Street & Constitution Ave, NW, Washington, DC 20530		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	4
Charles Cosgrove 11208 E. 24th Street Independence, MO 64052		Number of parties to be served in this case	6
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	<input type="checkbox"/> DEFENDANT	606-437-6160	7/20/2009

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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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Form USM-285
Rev. 12/15/80
Automated 01/00

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DEFENDANT Bureau of Prisons, et al	TYPE OF PROCESS Sum, Cmplt, Order #4 and this Order	
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Harley Lappin, Director of BOP ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 654 Home Owners Loan Corp. Bldg, 320 First Street, NW, Washington, DC 20001		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Charles Cosgrove 11208 E. 24th Street Independence, MO 64052	Number of process to be served with this Form 285	4
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (<i>See remarks below</i>)					
Name and title of individual served (<i>if not shown above</i>) Address (<i>complete only different than shown above</i>)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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PLAINTIFF Charles Cosgrove		COURT CASE NUMBER 7:09-cv-64-KKC	
DEFENDANT Bureau of Prisons, et al		TYPE OF PROCESS Sum, Cmplt, Order #4 & this Order	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	S. Slone, Individual Capacity		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	4
Charles Cosgrove 11208 E. 24th Street Independence, MO 64052		Number of parties to be served in this case	6
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (<i>See remarks below</i>)					
Name and title of individual served (<i>if not shown above</i>)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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DEFENDANT Bureau of Prisons, et al	TYPE OF PROCESS Sum, Cmplt, Order #4 & this Order	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { P. Runyon, Individual Capacity		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224		
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Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____	

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DEFENDANT Bureau of Prisons, et al	TYPE OF PROCESS Sum, Cmplt, Order #4 & this Order

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Myron Batts, Individual Capacity
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224

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SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Dr. Pablo Cruz, Individual Capacity		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224		
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	Dr. N. Rosario, Individual Capacity		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224		
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