USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

## U.S. Department of Justice

United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN SUMMONS & COMPLAINT ARE SERVED.  Signature of Attorney other Original process requesting service on behalf of:    Defendant	DEFENDANT		-LOA	
Maricopa County, Arizona; Maricopa County Sheriff's Office & Joseph M. Arpaio  Serve Complaint & Summons  NAME OF PIDIVIDUAL, COMPANY, CORPORATION. FIT. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEN  Maricopa County, Arizona and Maricopa County Sheriff's Office, Maricopa County, c/o Max W. Wilson  ADDRESS Genet, Agranam Maricopa County Sheriff's Office, Maricopa County, c/o Max W. Wilson  ADDRESS Genet, Maricopa County Board of Supdivisors, 301 W. Jefferson, 10th Floor., Phoenix, AZ 85003  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Michael Walker, AUSA  U.S. Altomey's Office  40 North Central Avenue, Suite 1200  Phoenix, AZ 85004  SEP 10 2010  WILL ASSIST IN EXTREMATION  WILL ASSIST IN EXTRE		TYPE OF PROCESS		
SERVE  MARICO FINDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM  ADDRESS SCREE or AFD. Apartment No., Cip. State and ZiP Code)  Maricopa County, Arizona and Maricopa County Sheriff's Office, Maricopa County, e/o Max W. Wilson  ADDRESS SCREE or AFD. Apartment No., Cip. State and ZiP Code)  Member, Maricopa County Board of Supdrivisors, 301 W. Jefferson, 10th Floor, , Phoenix, AZ 85003  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Michael Walker, AUSA  U.S. Attorney's Office  40 North Central Avenue, Suite 1200  Phoenix, AZ 85004  SEP 1 0 2010  SE	Maricopa County, Arizona; Maricopa County Sheriii's Office & Joseph M. Arpaio			
Maricopa County, Arizona and Maricopa County Sheriff's Office, Maricopa County, c/o Max W. Wilson ADDRESS (Street or RED. Apartment No., City, State and ZIP Code)  Member, Maricopa County Board of Supphrisors, 301 W. Jefferson, 10th Floor, , Phoenix, AZ 85003  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Michael Walker, AUSA U.S. Attorney's Office 40 North Central Avenue, Suite 1200  Phoenix, AZ 85004  SEP 10 2010  RECEVED  SEP 10 2010  Check for service on U.S. A  Number of parties to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of parties to be served in this case  SEP 10 2010  Check for service on U.S. A  Number of parties to be served with this Form 285  RECEVED  Number of possible to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of possible to be served with this Form 285  RECEVED  Number of possible to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of possible to be served with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of possible to be desired with this Form 285  RECEVED  Number of possible to be desired with this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of possible of this Form 285  RECEVED  Number of parties to be served with this Form 285  RECEVED  Number of possible of this Form 285  RECEVED  Number of parties to be served with this Form 285  Number of possible of this Form 285  RECEVED  Number of possible of this Form 285  RECEVED  Number of possible of this Form 285  Number of possible of this Form 285  Number of possible of this Form 285  Number of possible of this Form				
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Michael Walker, AUSA U.S. Attorney's Office 40 North Central Avenue, Suite 1200 Phoenix, AZ 85004  SEP 1 0 2010  CICIA U SCIENCE COURT Phoenix, AZ 85004  Check for service on U.S. A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION All Telephone Numbers, and Estimated Times Available for SINL ASSIST IN EXPLOITED TO U.S.  PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN  SUMMONS & COMPLAINT ARE SERVED.  Signature of Authorized USM SEP 10 9/2/10  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE (lacknowledge receipt for the total author of process indicated. Sign only for USM 285 if more process indicated. Origin No.  No.  No.  No.  Serve GIVE Mave executed as shown in "Remarks", the process described in the individual company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See remarks below)  Name and title of individual served (if not shown above)  Lack Complete only different than shown above)  Service Fee  Total Mileage Charges including endeavors)  Frowarding Fee Total Charges  Advance Deposits  Amount oved to U.S. Marshals or (Amount of Refund*)  Sounds (Company, corporation, etc., at the address shown above)  Signature of Line architecture of Charges including endeavors)  Frowarding Fee Total Charges  Advance Deposits  Amount oved to U.S. Marshals or (Amount of Refund*)  Sounds (Company, Corporation, etc., at the architecture of Advance Deposits  Amount oved to U.S. Marshals or (Amount of Refund*)  Sounds (Company, Corporation, etc., at the architecture of Advance Deposits  Amount of Refund*)  Sounds (Company, Corporation, etc., at the architecture of Advance Deposits  Amount oved to U.S. Marshals or (Amount of Refund*)	AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
Michael Walker, AUSA U.S. Attorneys Office 40 North Central Avenue, Suite 1200 Phoenix, AZ 85004  SEP 1 0 2010  SEP 1 0 2010  CLACK USDIANCE, COLAT  PRECEIVED  SEP 1 0 2010  SEP 1 0 2010  CLACK USDIANCE, COLAT  All Telephone Numbers, and Estimated Times Available for  WILL ASSIST IN EXPEDIANCE (COLAT  All Telephone Numbers, and Estimated Times Available for  PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN  SUMMONS & COMPLAINT ARE SERVED.  Signature of Attorney other Options requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  Lacknowledge recipit for the total number of process indicated (Sign ent) for CMJ 285 if now one USM 285 is authoritied)  Total Process  No.  District to Origin  No.  No.  Serve No.  No.  Serve No.  No.  Service Signature of Authorized USMS Deputy or Clerk  Serve No.  No.  No.  Service Signature of Authorized us shown in "Remarks", the process described on the individual company, corporation, cit. and edures inserted belo of the residing in defendant's usual place of abode  Thereby certify and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and address inserted belo of abode  Thereby certify and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and return that I am unable to locate the individual company, corporation, cit. and cit. The process described on the individual company, corporation, cit. an	Member, Maricopa County Board of Supervisors, 301 W. Jefferson, 10	th Floor, , Phoenix, AZ	85003	
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Phoenix, AZ 85004    CHANGE OF CHARTON   CHART	U.S. Attorney's Office			
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PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN SUMMONS & COMPLAINT ARE SERVED.  Signature of Attorney other Organism requesting service on behalf of:    PLAINTIFF	SPECIAL INSTRUCTIONS OR OTHER INFORMATION THE WILL ASSIST IN EXPLOITED THE	VICE (Include Business and A	Alternate Addresses.	
PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN SUMMONS & COMPLAINT ARE SERVED.  Signature of Attorney other Organism requesting service on behalf of:    Defendant				
Signature of Atomey other Oregnator requesting service on behalf of:    Defendant   Defend	-		Fo	
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted)  hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. It 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)  A person of suitable age and discretion then residing in defendant's usual place of abode  Date Time  Address (complete only different than shown above)  Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)  \$0.00	All \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  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)  Address (complete only different than shown above)  Address (complete only different than shown above)  Service Fee  Total Mileage Charges including endeavors)  Forwarding Fee  Total Charges  Advance Deposits  Aniount owed to U.S. Marshal* or (Amount of Refund*)  \$0.00	SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	T WRITE BELOW	THIS LINE	
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- 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

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