United States of America v. Maricopa, County of et al Doc. 14

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"

PLAINTIFF	COURT CASE NUMBER
United States of America	CV-10-01878-PHX-LOA
DEFENDANT	**TYPE OF PROCESS**
Maricopa County, Arizona; Maricopa County Sheriff's Office & Joseph M. Arpaio	Serve Complaint & Summons

SERVE AT
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Maricopa County, Arizona and Maricopa County Sheriff's Office, Maricopa County, c/o R. Fulton Brock, Member
ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
Maricopa County Board of Supervisors, 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

FILED LODGED
RECEIVED COPY
SEP 10 2010
CLERK U.S. DISTRICT COURT
DISTRICT OF ARIZONA
BY DEPUTY

Number of process to be served with this Form 285:
Number of parties to be served in this case:
Check for service on U.S.A.:

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

PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN SUMMONS & COMPLAINT ARE SERVED.

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
M.Walker	☒ PLAINTIFF ☐ DEFENDANT	(602) 514-7761	9/2/10

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. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No. 08	District to Serve No. 08	Signature of Authorized USMS Deputy or Clerk	Date
	1				9/2/10

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)*
Laverna Wilson, Special Deputy Clerk

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address *(complete only different than shown above)*

Date 9/2/10 Time 1531 ☐ am ☒ 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*)
					$0.00

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

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

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