

**SAMPLE**U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "*Instructions for Service of Process by U.S. Marshal*"

|   |   |                               |
|---|---|-------------------------------|
| PLAINTIFF<br><i>Plaintiff's Name</i>  | COURT CASE NUMBER<br><i>CV (your case number)</i>   |                               |
| DEFENDANT<br><i>Defendant's Name (add "et al.," if more than one defendant)</i> | TYPE OF PROCESS<br><i>Summons/Complaint/Order</i>   |                               |
| SERVE<br>AT   | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><i>Name of defendant to be served</i>                     |                               |
|   | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><i>Complete address of defendant to be served (where the defendant actually lives or works)</i> |                               |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW              | Number of process to be served with this Form 285   | <i>1</i>                      |
| <i>Plaintiff's complete address</i>   | Number of parties to be served in this case   | <i>number of defendant(s)</i> |
|   | 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

|   |   |                  |                            |
|---|---|------------------|----------------------------|
| Signature of Attorney other Originator requesting service on behalf of:<br><i>Sign your name here</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE<br><i>Date signed</i> |
|---|---|------------------|----------------------------|

**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.<br><i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>   | Total Process<br>_____                           | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk<br>_____  | Date<br>_____  |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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. |  |                                 |                                |  |  |
| <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<br><input type="checkbox"/> am<br><input type="checkbox"/> pm |
|  |  |                                 |                                | Signature of U.S. Marshal or Deputy<br>_____   |  |
| 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*)                |

REMARKS:

PRIOR EDITIONS MAY BE USED

# SAMPLE

UNITED STATES DISTRICT COURT  
for the  
District of Arizona

|   |   |                                     |
|---|---|-------------------------------------|
| _____   | ) |                                     |
| <i>Plaintiff's Name</i>                                 | ) |                                     |
| <i>Plaintiff</i>  | ) |                                     |
| v.  | ) | Civil Action No. (CV - Case number) |
| _____   | ) |                                     |
| <i>Defendant's Name - add "et al." if more than one</i> | ) |                                     |
| <i>Defendant</i>  | ) |                                     |

**NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS**

To: (Name of Defendant or Agent of Corporate Defendant - List only one defendant per notice)  
*(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service)*

**Why are you getting this?**

A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above. A copy of the complaint is attached.

This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive formal service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the signed waiver within \_\_\_\_\_ days *(give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States)* from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along with a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.

**What happens next?**

If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been served on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this notice is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will arrange to have the summons and complaint served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making service.

Please read the enclosed statement about the duty to avoid unnecessary expenses.

I certify that this request is being sent to you on the date below.

Date: (Leave blank)

\_\_\_\_\_  
*(Sign your name)*  
*Signature of the attorney or unrepresented party*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*E-mail address*

\_\_\_\_\_  
*Telephone number*

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 |
| DEFENDANT | TYPE OF PROCESS   |

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

|  |   |  |
|--|---|--|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | 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

|   |  |                  |      |
|---|--|------------------|------|
| Signature of Attorney other Originator requesting service on behalf of: | <input type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE |
|---|--|------------------|------|

**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.<br><i>(Sign only for USM 285 if more than one USM 285 is submitted)</i> | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date  |
|  | _____         | No. _____          | No. _____         | _____  | _____ |

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 ( <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<br><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

UNITED STATES DISTRICT COURT

for the

\_\_\_\_\_ District of \_\_\_\_\_

\_\_\_\_\_)
Plaintiff
v.
\_\_\_\_\_) Civil Action No.
Defendant

NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS

To: \_\_\_\_\_
(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service)

Why are you getting this?

A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above. A copy of the complaint is attached.

This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive formal service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the signed waiver within \_\_\_\_\_ days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along with a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.

What happens next?

If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been served on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this notice is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will arrange to have the summons and complaint served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making service.

Please read the enclosed statement about the duty to avoid unnecessary expenses.

I certify that this request is being sent to you on the date below.

Date: \_\_\_\_\_

\_\_\_\_\_)
Signature of the attorney or unrepresented party

\_\_\_\_\_)
Printed name

\_\_\_\_\_)
Address

\_\_\_\_\_)
E-mail address

\_\_\_\_\_)
Telephone number

**(For Use In Civil Cases With District Judge as President)**

UNITED STATES DISTRICT COURT

\_\_\_\_\_ District of \_\_\_\_\_

Plaintiff

v.

Defendant

NOTICE, CONSENT, AND ORDER OF REFERENCE-  
EXERCISE OF JURISDICTION BY A UNITED STATES  
MAGISTRATE JUDGE

Case Number:

**NOTICE OF AVAILABILITY OF A UNITED STATES MAGISTRATE JUDGE  
TO EXERCISE JURISDICTION**

In accordance with the provisions of 28 U.S.C. 636(c) and Fed.R.Civ.P. 73, you are hereby notified that a United States magistrate judge of this district court is available to conduct any or all proceedings in this case including a jury or nonjury trial, and to order the entry of a final judgment. Exercise of this jurisdiction by a magistrate judge is, however, permitted only if all parties voluntarily consent.

You may, without adverse substantive consequences, withhold your consent, but this will prevent the court's jurisdiction from being exercised by a magistrate judge. If any party withholds consent, the identity of the parties consenting or withholding consent will not be communicated to any magistrate judge or to the district judge to whom the case has been assigned.

An appeal from a judgment entered by a magistrate judge shall be taken directly to the United States court of appeals for this judicial circuit in the same manner as an appeal from any other judgment of a district court.

**CONSENT TO THE EXERCISE OF JURISDICTION BY A UNITED STATES MAGISTRATE JUDGE**

In accordance with the provisions of 28 U.S.C. 636(c) and Fed.R.Civ.P. 73, the parties in this case hereby voluntarily consent to have a United States magistrate judge conduct any and all further proceedings in the case, including the trial, order the entry of a final judgment, and conduct all post-judgment proceedings.

| Signatures | Party Represented | Date  |
|------------|-------------------|-------|
| _____      | _____             | _____ |
| _____      | _____             | _____ |
| _____      | _____             | _____ |
| _____      | _____             | _____ |

**ORDER OF ASSIGNMENT**

IT IS HEREBY ORDERED that this case be assigned to \_\_\_\_\_  
United States Magistrate Judge, for all further proceedings and the entry of judgment in accordance with 28 U.S.C. 636(c), Fed.R.Civ.P. 73 and the foregoing consent of the parties. All further documents filed with the court are to carry the following case number \_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_ United States District Judge

**NOTE: RETURN THIS FORM TO THE CLERK OF THE COURT ONLY IF ALL PARTIES HAVE CONSENTED ON THIS FORM TO THE EXERCISE OF JURISDICTION BY A UNITED STATES MAGISTRATE JUDGE.**