Scheerlinck v. Orange County Sheriff' Dept. eup S Doc. 28 Att. 1 OUT PROCESS RECEIPT AND RETURN U.S. Department of Justice See Instructions for "Service of Process by the U.S. Marshal" United States Marshals Service on the reverse of this form. PLAINTIFF (COURT CASE NUMBER DEFENDANT ORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY Apartment No., City, State and ZIP Code) 90680 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 CLERIC AS DISTRICT Signature of Attorney or other Originator requesting service on behalf of: DATE ☐ PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY -– DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Process District District Signature of Authorized USMS Deputy or Clerk Date of Origin number of process indicated. to Serve (Sign only first USM 285 if more No. 12 12 11/18/16 /1/1than 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 or 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) A person of suitable age and discretion then residing in the defendant's usual place of abode.

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

Service Fee Total Mileage Charges
(including andeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

am

REMARKS: forward to A12

UNITED STATES DISTRICT COURT for the

| Central District | of California | | | | | |
|--|---|--|--|--|--|--|
| PETER SCHEERLINCK,)) | | | | | | |
| Plaintiff(s) | Civil Action No. SA CV 16-01012-JVS (PLA) | | | | | |
| SUMMONS IN A CIVIL ACTION | | | | | | |
| To: (Defendant's name and address) Orange County Sheriff's Dept. 11100 Cedar Street Stanton, CA 90680 | Stanton Gang Unit | | | | | |
| A lawsuit has been filed against you. | | | | | | |
| Within 21 days after service of this summons on you (are the United States or a United States agency, or an officer of P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer the Federal Rules of Civil Procedure. The answer or motion me whose name and address are: Peter Scheerlinck, H98141 Pelican Bay State Prison PO Box 7500 Crescent City, CA 95532-7006 | to the attached complaint or a motion under Rule 12 of aust be served on the plaintiff or plaintiff's attorney, | | | | | |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court. | | | | | | |
| | CLERK OF COURT | | | | | |
| Date:11/16/2016 | Christianna Howard | | | | | |
| .14 | Signature of Clerk or Deputy Clerk | | | | | |

Civil Action No. SA CV 16-01012-JVS (PLA)

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| | This summons for (nan | ne of individual and title, if any) |) | | | | |
|---------|--|-------------------------------------|-------------------|---------------------------------|-------------|--------|--|
| was rec | ceived by me on (date) | | | | | | |
| | ☐ I personally served | the summons on the indiv | vidual at (place) | | | | |
| | • | on (date) | | | ; or | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | | |
| | , a person of suitable age and discretion who resides there, | | | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | | |
| | ☐ I served the summons on (name of individual) | | | | , \ | vho is | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | | |
| | on (date) | | | | ; or | | |
| | ☐ I returned the summons unexecuted because | | | | | ; or | |
| | ☐ Other (specify): | | | | | | |
| | My fees are \$ | for travel and \$ | | for services, for a total of \$ | 0.00 | • | |
| | I declare under penalty of perjury that this information is true. | | | | | | |
| Date: | | _ | | Server's signature | | | |
| | | | | | | | |
| | | | | | | | |
| | | | •• | | | | |
| | | | | Server's address | | | |

Additional information regarding attempted service, etc: