PROCESS RECEIPT AND RETURN

PLAINTIFF		· · · · · · · · · · · · · · · · · · ·		c	OURT C	CASE NUM	IBER					
Rodney Stanto	n					72-CMA - k						
DEFENDANT D/S Petranilli,	et al.,		··	S/4	С	PROCESS						
⇒ SERVE	NAME OF INDIVII CONDEMN Deputy Sheriff Petra			RATION, E	TC., TC	SERVE C	R DESC	RIPTION OF PR	OPER	TY TO SEIZE O		
AT	ADDRESS (Street o 10500 East Smith R			State and Zip	Code)		<u></u>					
	E OF SERVICE CO	PY TO REQ	UESTER AT NA	AME AND A	DDRE	SS BELOW		Jumber of process erved with this Fo		85 1		
Denver PO Bo								Number of parties to be served in this case				
Denver	, CO 80201						<u> </u>	Served in this case 8 Check for service on U.S.A.				
	NAL SERVIO											
Signature of Attorney or other Originator requesting service on behalf X PLAINTIFF								EPHONE NUME 844-3433	BER	DATE 6/8/09		
Deputy Clerk				_	DE	FENDANT	303-					
SPACE	E BELOW FŐI	R USE O	F U.S. MAR	SHAL O	NLY	- DO N	OT W	RITE BELC)W]	THIS LINE		
total number of (Sign only firs	receipt for the f process indicated. t USM 285 if more [285 is submitted]	Total Process	Origin	District to Serve	Signat	ture of Auth	norized U	ISMS Deputy or (Clerk	Date		
I hereby certify the process des address indicat	and return that Icribed on the individed below.	have pers	onally served, y, corporation, et	have le	gal evid dress sh	ence of ser own above	vice, or on the	have executed individual, comp	l as sho pany, e	own in "Remarks" tc., shown at the		
I hereb	y certify and return the	nat I am unab	ole to locate the i	ndividual, co	ompany	, corporatio		-				
Name and title	of individual served	l (if not show	n above)					a person of suitab in the defendant's				
Address (comp	olete only if different	than shown	above)				Date of	Service	Time	aı p		
							Signatu	re of U.S. Marsha	d or De	eputy		
Service Fee	Total Mileage Cha		Forwarding Fee	Total Cha	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refu		
REMARKS:	<u>.l</u>			<u> </u>		I						

PROCESS RECEIPT AND RETURN

PLAINTIFF Rodney Stanto	on		COURT CASE NUMBER 09-cv-01172-CMA-KMT							
DEFENDANT Sgt. R. Romer				T' S/		F PROCES:	3			
SERVE	NAME OF INDIVID CONDEMN Sgt. R. Romero – De			ORATION, E	ETC., TO	O SERVE (OR DESC	CRIPTION OF PE	ROPEI	RTY TO SEIZE OR
AT	ADDRESS (Street of 10500 East Smith R			State and Zip	o Code)		·			
	E OF SERVICE CO y Stanton #1600086	PY TO REQ	UESTER AT NA	AME AND A	ADDRE	ESS BELOV		Number of proces served with this Fo		
PO Bo	County Jail x 1108 r, CO 80201						Number of parties to be served in this case			8
							Ĺ	Check for service	on U.S	S.A.
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estima					71110 01	SKVIOL <u>Include</u>	Бизи	ess and therme
Signature	tterney or paler forig	nator reque	sting service on l	behalf _	X F	PLAINTIFF	TEI	EPHONE NUMI	BER	DATE
of: Deputy Clerk	MAG			_	DE	EFENDAN	T 303	-844-3433		6/8/09
SPACE	BELOWFOI	R USE O	F U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELO)W]	THIS LINE
(Sign only firs	f process indicated. t USM 285 if more	Total Process	District of Origin	District to Serve	to Signature of Authorized USMS Deputy or Clerk Date					
	285 is submitted)			No.	<u> </u>					L
	and return that I cribed on the individ ed below.									own in "Remarks", etc., shown at the
I hereb	y certify and return th	at I am unab	le to locate the i	ndividual, co	ompany	, corporatio	n, etc., n	amed above (See	remar	ks below)
Name and title	of individual served	(if not show	n above)					A person of suitab in the defendant		and discretion then l place of adobe.
Address (comp	plete only if different	than shown	above)				Date of	Service -	Time	am pm
							Signatu	re of U.S. Marsha	ıl or D	eputy
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund
REMARKS:		<u></u>	· · · · ·			I		I		<u> </u>
		• .								

PROCESS RECEIPT AND RETURN

DI ADIOTOI				100	OLIDT /	OASE NUN	ADED .				
PLAINTIFF Rodney Stanto	n			-	COURT CASE NUMBER 09-cv-01172-CMA-KMT						
DEFENDANT D/S Herrera, e				TY S/		PROCES	8		·		
SERVE	NAME OF INDIVICONDEMN Deputy Sheriff Herr	•		DRATION, E	TC., TC	SERVE (OR DESC	CRIPTION OF PE	ROPER	RTY TO SEIZE OR	
AT 	ADDRESS (Street of 10500 East Smith R			State and Zip	Code)						
	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRE	SS BELOV		Number of proces served with this Fe			
Denve PO Bo	r County Jail							Number of parties to be served in this case			
							i	Check for service	on U.S	S.A.	
PERSO	Telephone Numbers NAL SERVIO	CE				LAINTIFF	TEI	EPHONE NUMI	RER	DATE	
of: Deputy Clerk	Atorney or other Uni	givator regues	string service on	benaii		EFENDAN'I	200	-844-3433	DEK	6/8/09	
SPACI	E BELOW FO	R USE OI	F U.S. MAI	RSHAL O	NLY	- DO N	OT W	RITE BELO	ow 3	THIS LINE	
I acknowledge total number of (Sign only firs	receipt for the of process indicated. t USM 285 if more (285 is submitted)	Total Process	District of Origin	District to Serve	T		uthorized USMS Deputy or Clerk Date				
I hereby certify the process des address indicat	and return that Ieribed on the individed below.							have executed a individual, comp			
I hereb	y certify and return t	hat I am unab	le to locate the	individual, co	ompany	, corporation	n, etc., r	named above (See	remar	ks below)	
Name and title	e of individual served	d (if not showi	n above)					A person of suitabg in the defendant		and discretion then l place of adobe.	
Address (com	plete only if different	than shown d	above)			<u> </u>	Date of	Service	Time	am pm	
							Signatu	re of U.S. Marsha	al or D	eputy	
Service Fee	Total Mileage Cha		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund	
REMARKS:	<u> </u>	1.						-			
**											

PROCESS RECEIPT AND RETURN

PLAINTIFF Rodney Stanto	on					CASE NUI 172-CMA-					
DEFENDANT Tony Harrison	(Franklin), et al.,				YPE OF /C	PROCES	S				
SERVE →	NAME OF INDIVI CONDEMN Tony Harrison (Fran						OR DES	CRIPTION OF PI	ROPEI	RTY TO SEIZE OR	
A T	ADDRESS (Street of 10500 East Smith R			State and Zip	p Code)						
	CE OF SERVICE CC	PY TO REQ	UESTER AT N	AME AND	ADDRE	SS BELOV		Number of proces served with this F			
PO Bo	r County Jail x 1108 r, CO 80201							Number of parties to be served in this case			
							į.	Check for service	on U.S	S.A.	
PERSON	Telephone Numbers	CE			vice):						
Signature of A	storber or other original	mator reques	sting service on	behalf _	X P	LAINTIFF	TEL	LEPHONE NUM	BER	DATE	
Of Debuty Clork				_	DE	FENDAN'	Г 303	-844-3433		6/8/09	
SPACE	E BELOW FOI	R USE O	F U.S. MAI	RSHAL C	NLY	- DO N	OT W	RITE BELO	OW 7	THIS LINE	
	receipt for the f process indicated. t USM 285 if more	Total Process	District of Origin	District to Serve							
than one USM	285 is submitted)		No.	No.							
	and return that I cribed on the individed below.		onally served, _ y, corporation, e	tc., at the add	gal evid dress sh	ence of ser own above	vice, or on the	have executed e individual, comp	l as sho pany, e	own in "Remarks", tc., shown at the	
I hereby	y certify and return th	at I am unab	le to locate the	individual, co	ompany.	, corporation	n, etc., n	amed above (See	remar	ks below)	
Name and title	of individual served	(if not show	n above)					A person of suitab in the defendant		and discretion then place of adobe.	
Address (comp	plete only if different	than shown d	above)				Date of	Service	Time	am pm	
							Signatu	re of U.S. Marsha	l or De	eputy	
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	rges	Advance I	L Deposits	Amount owed to Marshal or	U.S.	Amount of Refund	
REMARKS:						-		 		·	

PROCESS RECEIPT AND RETURN

PLAINTIFF Rodney Stanto	on					CASE NUN 172-CMA-I					
DEFENDANT Hayes, et al.,				T`S/		F PROCESS	S				
SERVE	NAME OF INDIVI CONDEMN Hayes, Food Service				TC., T	O SERVE (OR DESC	CRIPTION OF PR	ROPER	TY TO SEIZE O	
AT	ADDRESS (Street of 10500 East Smith R			State and Zip	o Code)						
- $ -$	CE OF SERVICE CO	PY TO REC	UESTER AT N	AME AND A	ADDRE	SS BELOV		Number of process served with this Fo			
PO Bo	r County Jail x 1108 r, CO 80201							Number of parties to be served in this case			
							į	Check for service	on U.S	i.A.	
	NAL SERVIO								·		
Signature of	ttorney of other Out	inator reque	sting service on	behalf _	<u>X</u> F	PLAINTIFF	TEL	EPHONE NUME	3ER	DATE	
Deputy Clerk	JUG			_	DE	EFENDANI	Г 303	-844-3433		6/8/09	
SPACI	E BELOW FO	R ŬSE O	F U.S. MAI	RSHAL C	NLY	' - DO N	OT W	RITE BELO)W 7	THIS LINE	
total number of (Sign only firs	e receipt for the of process indicated. t USM 285 if more (285 is submitted)	Total Process	District of Origin	District to Serve	Signa	ture of Autl	nthorized USMS Deputy or Clerk Date				
I hereby certify	and return that I cribed on the individ		sonally served, _	have le				have executed individual, comp			
I hereb	y certify and return t	hat I am una	ble to locate the	individual, co	ompany	, corporatio	n, etc., n	amed above (See	remarl	cs below)	
Name and title	e of individual served	l (if not shov	vn above)					A person of suitab in the defendant			
Address (com	olete only if different	than shown	above)				Date of	Service	Time	an pn	
							Signatu	re of U.S. Marsha	l or De	eputy	
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refun	
REMARKS:	1										

PROCESS RECEIPT AND RETURN

PLAINTIFF Rodney Stanto	on		I	COURT CASE NUMBER 09-cv-01172-CMA-KMT							
DEFENDAN' Chaplain Scot				T' S/		PROCESS	S				
SERVE	NAME OF INDIVI CONDEMN Chaplain Scott, – D		·	DRATION, E	TC., T	SERVE (OR DESC	CRIPTION OF P	ROPEF	RTY TO SEL	ZE OR
AT	ADDRESS (Street of 10500 East Smith R			State and Zip	Code)						
CENID MOTIO	CE OF SERVICE CO	DV TO DEOL	HECTED AT N	AME AND	UDDE	SS BELON		Number of proces	e to be		
			— — — —	AME AND A				erved with this F			1
	y Stanton #1600086 r County Jail						Number of parties to be				
	x 1108						1 5	8			
Denve	r, CO 80201						⊢ [(Check for service	on U.S	S.A.	
	NAL SERVI				77	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EDITORIE	DES	D. 4.775	
Signature of A	Morney of other Ori	ginator r eque s	ting service on	behalf _	<u>X</u> F	LAINTIFF	TEL	EPHONE NUM	BER	DATE	
Deputy Clerk				_	DE	EFENDANI	303	-844-3433		6/8/09	
SPAC	E BELOW FO	R USE OF	F U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO	OW 7	THIS LIN	1E
total number	e receipt for the of process indicated.	Total Process	District of Origin	District to Serve	Signa	ture of Autl	norized U	JSMS Deputy or	Clerk	Date	
	1 285 is submitted)		No.	No.							
	y and return that I scribed on the individual		onally served, _ , corporation, e					have executed individual, com			
I hereb	y certify and return t	hat I am unab	le to locate the	individual, co	mpany	, corporatio	n, etc., n	amed above (See	remar	ks below)	
Name and titl	e of individual served	(if not show	n above)					A person of suital in the defendant			
Address (com	plete only if different	than shown o	above)				Date of	Service	Time		am pm
							Signatu	re of U.S. Marsh	al or D	eputy	-
Service Fee	Total Mileage Cha (including endeave		Forwarding Fee	Total Chai	rges	Advance I	L Deposits	Amount owed to Marshal or	o U.S.	Amount of	Refund
REMARKS:	<u> </u>		· <u>-</u>	· 				<u> </u>			

PROCESS RECEIPT AND RETURN

PLAINTIFF		<u> </u>				SE NUMBER					
DEFENDANT	-			T	YPE OF	PROCESS					
D/S Boyd, et a SERVE →	NAME OF INDIVI CONDEMN Deputy Sheriff Boy			ORATION, E) SERVE C	OR DESC	CRIPTION OF PE	ROPEI	RTY TO SEIZE OR	
AT	ADDRESS (Street of 10500 East Smith R	or RFD, Apar	tment No., City	State and Zip	Code)						
	CE OF SERVICE CC	PY TO REQ	UESTER AT N	AME AND A	ADDRE	SS BELOV		Number of proces served with this F			
Denve PO Bo	r County Jail x 1108 r, CO 80201							Number of parties served in this case	8		
Check for serv SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Incl.)											
	Telephone Numbers		ted Times Availd	able For Serv	rice):						
9r: (() ×	tterney or other Orig	ginato) requi	string service on	behalf _		LAINTIFF	202	-844-3433	BER	DATE 6/8/09	
Departy Clerk				_	DE	FENDANI	303	-044-3433		0/8/09	
SPACI	E BELOW FO	R USÉ OI	F U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO)W	THIS LINE	
total number of	e receipt for the of process indicated. t USM 285 if more	Total Process	District of Origin	District to Serve	Signat	ure of Auth	orized (JSMS Deputy or	Clerk	Date	
than one USM	(285 is submitted)	<u> </u>	No.	No.	<u> </u>						
	and return that I cribed on the indiviced below.		onally served, _ y, corporation, e							own in "Remarks", etc., shown at the	
I hereb	y certify and return t	hat I am unab	le to locate the	individual, co	mpany,	corporatio	n, etc., r	named above (See	remar	ks below)	
Name and title	e of individual served	d (if not show	n above)					A person of suitabg in the defendant		and discretion then I place of adobe.	
Address (com	olete only if different	than shown o	above)				Date of	Service	Time	am pm	
							Signatu	re of U.S. Marsha	al or D	eputy	
Service Fee	Total Mileage Cha		Forwarding Fee	Total Char	·ges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund	
REMARKS:		· · · · · · · · · · · · · · · · · · ·		.							

PROCESS RECEIPT AND RETURN

PLAINTIFF Rodney Stanto	on					CASE NUM 172-CMA-F						
DEFENDANT D/S Addison,				T'S/		FPROCESS	3					
SERVE →	NAME OF INDIVIDUAL CONDEMN Deputy Sheriff Add			PRATION, E	TC., TO	O SERVE C	OR DESC	CRIPTION OF PR	OPER	TY TO SEIZ	E OR	
AT	ADDRESS (Street of 10500 East Smith R			State and Zip	Code)					·		
	CE OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRE	ESS BELOV	V: 1 s	Number of process served with this Fe	s to be orm - 2	285	l	
Denve PO Bo	r County Jail x 1108 r, CO 80201						•	Number of parties to be served in this case			3	
	-						į	Check for service	on U.S	S.A.		
	NAL SERVIO			h ah alf	V	או א ואנירינופים	Trip	EDITONE MUNA	DED	DATE		
Signature of A	Atturney or other One	rinator reques	sting service on	behalf _		PLAINTIFF EFENDANT	1202	EPHONE NUME -844-3433	BER	DATE 6/8/09		
SPACI	E BELOW FO	R USE O	F U.S. MAR	RSHAL O	NLY	′ - DO N	OT W	RITE BELC	WI	THIS LIN	E	
total number of (Sign only first	e receipt for the of process indicated. It USM 285 if more 1285 is submitted)	Total Process	District of Origin	District to Serve	1 7							
I hereby certify	and return that I		onally served, _ y, corporation, e					have executed individual, comp				
I hereb	y certify and return t	hat I am unab	ole to locate the i	individual, co	ompany	, corporatio	n, etc., n	amed above (See	remarl	ks below)		
Name and titl	e of individual served	l (if not show	n above)					A person of suitabg in the defendant				
Address (com	olete only if different	than shown	above)				Date of	Service	Time		am pm	
							Signatu	re of U.S. Marsha	l or Do	eputy		
Service Fee	Total Mileage Cha	_	Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of F	lefund	
REMARKS:		<u> </u>	" ** *		-			1				