

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

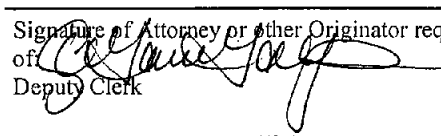
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Doyle Holt, Sr.	COURT CASE NUMBER 09-cv-02033-REB-KLM
DEFENDANT Ralph A. Gagliardi, et al.,	TYPE OF PROCESS S/c
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ralph A. Gagliardi, Sgt. – Trinidad Police Department
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 2309 E. Main, Trinidad, CO 81082

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Doyle Holt, Sr. #73989 Arkansas Department of Corrections PO Box 500 Grady, AR 71644	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	1
	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):

PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	303-844-3433	10/1/09

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 first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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, etc., shown at the address indicated 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 adobe.		
Address (complete only if different than shown above)	Date of Service	Time	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
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REMARKS: