

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

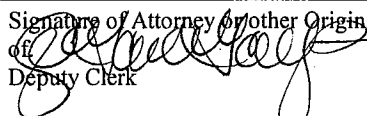
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Timothy Hatten		COURT CASE NUMBER 09-cv-02729-CMA-MJW	
DEFENDANT Isaac Freeborn, et al.,		TYPE OF PROCESS S/C	
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Isaac Freeborn, M.D. - FCI - Oakdale		
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1507 East Whatley Road, Oakdale, LA 71463		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  ----- Timothy Hatten #27993-004 FCI - Oakdale PO Box 5000 Oakdale, LA 71463	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	10
	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  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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**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:

PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT Marne Boyle, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Marne Boyle, Medical – FCI - Oakdale
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1507 East Whatley Road, Oakdale, LA 71463

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Timothy Hatten #27993-004 FCI – Oakdale PO Box 5000 Oakdale, LA 71463	Number of process to be served with this Form - 285	1
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**PERSONAL SERVICE**

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk	<u> X </u> PLAINTIFF  ___ DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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		No.	No.		

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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

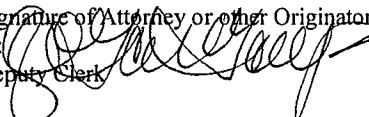
REMARKS:

PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT A. Merritt, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN A. Merritt, HSA - FCI - Oakdale
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1507 East Whatley Road, Oakdale, LA 71463

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**PERSONAL SERVICE**

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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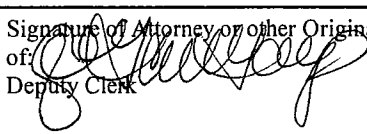
REMARKS:

PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT J.P. Young, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN J.P. Young, Warden, - FCI - Oakdale
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1507 East Whatley Road, Oakdale, LA 71463

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ----- Timothy Hatten #27993-004 FCI - Oakdale PO Box 5000 Oakdale, LA 71463	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.	1  10  
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**PERSONAL SERVICE**

Signature of Attorney or other Originator requesting service on behalf of:  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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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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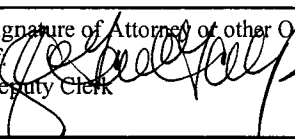
REMARKS:

PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT Ken Everhart, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ken Everhart, A.W. Security, - FCI - Oakdale
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1507 East Whatley Road, Oakdale, LA 71463

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**PERSONAL SERVICE**

Signature of Attorney or other Originator requesting service on behalf of Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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Address <i>(complete only if different than shown above)</i>	Date of Service	Time	am pm
	Signature of U.S. Marshal or Deputy		

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REMARKS:

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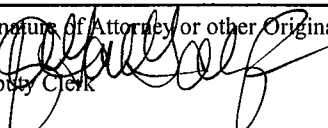
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PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT Gregory Kizziah, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Gregory Kizziah, Captain, - FCI - Oakdale
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1507 East Whatley Road, Oakdale, LA 71463

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Timothy Hatten #27993-004 FCI - Oakdale PO Box 5000 Oakdale, LA 71463	Number of process to be served with this Form - 285	1
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**PERSONAL SERVICE**

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk		<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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REMARKS:

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PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT B. Greenwood, et al.,	TYPE OF PROCESS S/C

<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN B. Greenwood, HSA - USP Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Timothy Hatten #27993-004 FCI - Oakdale PO Box 5000 Oakdale, LA 71463	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	10
	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 <i>[Signature]</i> Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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REMARKS:

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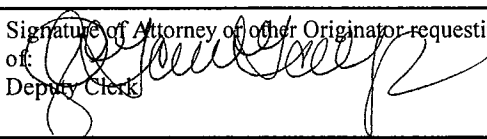
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PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT Dr. Russell DeGroote, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Russell DeGroote, M.D. - USP Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Timothy Hatten #27993-004 FCI - Oakdale PO Box 5000 Oakdale, LA 71463	Number of process to be served with this Form - 285	1
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**PERSONAL SERVICE**

Signature of Attorney or other Originator requesting service on behalf of:  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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REMARKS:



U.S. Department of Justice  
United States Marshals Service

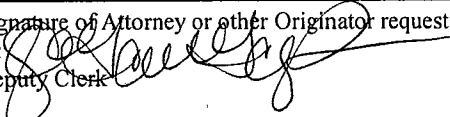
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on the reverse of this form.

PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT B. Cink, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN B. Cink - USP Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy. 67 South, Florence, CO 81226

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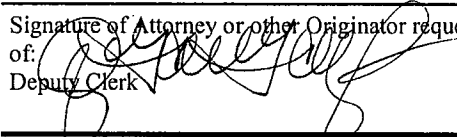
REMARKS:

PLAINTIFF Timothy Hatten	COURT CASE NUMBER 09-cv-02729-CMA-MJW
DEFENDANT E. Reichert, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN E. Reichert, CFNP – USP Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy. 67 South, Florence, CO 81226

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Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk		<input checked="" type="checkbox"/> PLAINTIFF  <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 3/22/10
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