

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 MATTHEW RYAN SHERMAN		COURT CASE NUMBER 11-cv-03091-PAB-CBS	
DEFENDANT WILLIAM KLENKE, et al.		TYPE OF PROCESS Subpoena and Order dated 7/3/13	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Colorado Department of Corrections		
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 2862 South Circle Dr., Colorado Springs, CO 80906		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: U.S. District Court for the District of Colorado 901 19 th Street Denver, CO 80294	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	2
	Check for service on U.S.A.	X

AL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of: s/ Megan Fields, Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-335-2055	DATE July 3, 2013
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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:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

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DEFENDANT WILLIAM KLENKE, et al.	TYPE OF PROCESS Subpoena and Order dated 7/3/13
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Eric H. Rieger, M.D.,
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) St. Thomas More General Surgery Group, 1339 Phay Avenue, Canon City, CO 81212

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REMARKS: