

AO 440 (Rev. Dec. - September 2003) Summons in a Civil Action

UNITED STATES DISTRICT COURT
District of Columbia

NATIONAL SECURITY ARCHIVE

SUMMONS IN A CIVIL CASE

V.

CENTRAL INTELLIGENCE AGENCY,
GENERAL MICHAEL V. HAYDEN, in his official capacity as
Director of the Central Intelligence Agency, and
SCOTT A. KOCH, in his official capacity as Information and
Privacy Coordinator of the Central Intelligence Agency

CASE 1

CASE NUMBER 1:06CV01080

JUDGE: Gladys Kessler

DECK TYPE: FOIA/Privacy Act

DATE STAMP: 06/14/2006

TO: (Name and address of Defendant)

United States Attorney for the District of Columbia
Civil Division
Attention: Civil Processing Clerk
501 Third Street, N.W.
Washington, D.C. 20530

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

David S. Mendel, Esq.
Wilmer Cutler Pickering Hale and Dorr LLP
1875 Pennsylvania Avenue, N.W.
Washington, D.C. 20006

an answer to the complaint which is served on you with this summons, within 30 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

NANCY M. MAYER-WHITTINGTON


CLERK

JUN 14 2006

DATE

[Signature]
(By) DEPUTY CLERK

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE June 16, 2006	
NAME OF SERVER (<i>PRINT</i>) Mary Beth Caswell	TITLE Senior Paralegal	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>Served by Certified Mail, return receipt requested</u> _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>June 23, 2006</u> <small>Date</small>	 <small>Signature of Server</small>	
	Wilmer Cutler Pickering Hale and Dorr LLP 1875 Pennsylvania Ave., NW Washington, D.C. 20006 _____ <small>Address of Server</small>	

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> United States Attorney for the District of Columbia Civil Division Attn.: Civil Processing Clerk 501 Third Street, N.W. Washington, D.C. 20530 </div>	B. Received by (Print Name) <i>JUN 16 2006</i>	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Money <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee)	
7 099 3400 0018 3684 6		
Domestic Return Receipt		