FOIA Summons 1/13

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| Plaintiff | | | | |
|-----------|----|-----------|--|--|
| | | | | |
| | v. | | | |
| | | | | |
| | | | | |
| | 1 | Defendant | | |

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 30 days after service of this summons on you (not counting the day you received it) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| | This summons for (na | me of individual and title, i | f any) | | | | | | |
|---------|---|-------------------------------|-----------------------|---------------------------------|------|---|--|--|--|
| was rec | ceived by me on (date) | | | | | | | | |
| | □ I personally served | the summons on the | individual at (place) | | | | | | |
| | | | | on (date) | ; or | | | | |
| | □ I left the summons at the individual's residence or usual place of abode with (<i>name</i>) | | | | | | | | |
| | | | - | le age and discretion who resid | | , | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | | | | |
| | □ I served the summ | | , who is | | | | | | |
| | □ I served the summons on (<i>name of individual</i>) , who designated by law to accept service of process on behalf of (<i>name of organization</i>) | | | | | | | | |
| | | | | on (date) | ; or | | | | |
| | \Box I returned the sum | | ; or | | | | | | |
| | Other (<i>specify</i>): | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | My fees are \$ | for travel an | d \$ | for services, for a total of \$ | | | | | |
| | I declare under penalty of perjury that this information is true. | | | | | | | | |
| | | | | | | | | | |
| Date: | | - | | | | | | | |
| | | | Server's signature | | | | | | |
| | | - | | Printed name and title | | | | | |
| | | | | | | | | | |

Server's address

Additional information regarding attempted service, etc: