

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF MICHAEL L. HUMPHREY	COURT CASE NUMBER CV116-117
DEFENDANT CHEATAM, P.A., ET AL	TYPE OF PROCESS COMPLAINT & ORDER

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 P.A. CHEATAM, AUGUSTA STATE MEDICAL PRISON
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 3001 GORDON HWY GROVETOWN, GA 30813

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	2
MICHAEL L. HUMPHREY 3001 GORDON HWY GROVETOWN, GA 30813	Number of parties to be served in this case	5
	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*):

Fold

Fold

PRO-SE

Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 706-849-4400	DATE 12/16/2016
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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. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process No. _____	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 on the individual, company, corporation, etc. shown at the address inserted 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 (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
---	--

Address (<i>complete only different than shown above</i>)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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 Form USM-285
 Rev. 12/15/80
 Automated 01/00

U.S. Department of Justice
United States Marshals Service

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PLAINTIFF MICHAEL L. HUMPHREY	COURT CASE NUMBER CV116-117
DEFENDANT CHEATAM, P.A., ET AL	TYPE OF PROCESS COMPLAINT & ORDER

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { P.A. MILLS, AUGUSTA STATE MEDICAL PRISON
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 3001 GORDON HWY GROVETOWN, GA 30813

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Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 706-849-4400	DATE 12/16/2016
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United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF MICHAEL L. HUMPHREY	COURT CASE NUMBER CV116-117
DEFENDANT CHEATAM, P.A., ET AL	TYPE OF PROCESS COMPLAINT & ORDER

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT DR. ALSTON, AUGUSTA STATE MEDICAL PRISON
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 3001 GORDON HWY GROVETOWN, GA 30813

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MICHAEL L. HUMPHREY 3001 GORDON HWY GROVETOWN, GA 30813	Number of parties to be served in this case	5
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Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	706-849-4400	12/16/2016

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DEFENDANT CHEATAM, P.A., ET AL	TYPE OF PROCESS COMPLAINT & ORDER
SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN P.A. CAIN, AUGUSTA STATE MEDICAL PRISON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3001 GORDON HWY GROVETOWN, GA 30813	
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	Number of parties to be served in this case
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Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 706-849-4400	DATE 12/16/2016
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DEFENDANT CHEATAM, P.A., ET AL	TYPE OF PROCESS COMPLAINT & ORDER

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT DR. MENDOZA, AUGUSTA STATE MEDICAL PRISON
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 3001 GORDON HWY GROVETOWN, GA 30813

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