

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

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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. (Sign only for 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 on the 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 (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> 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:

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

Form USM-285
Rev. 12/15/80
Automated 01/00

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						
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;"> SERVE AT </div> <div> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN P.A. MILLS, AUGUSTA STATE MEDICAL PRISON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3001 GORDON HWY GROVETOWN, GA 30813 </div> </div>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<div style="border: 1px solid black; padding: 5px;"> MICHAEL L. HUMPHREY 3001 GORDON HWY GROVETOWN, GA 30813 </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of process to be served with this Form 285</td> <td style="width: 30%; text-align: center;">2</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>	Number of process to be served with this Form 285	2	Number of parties to be served in this case	5	Check for service on U.S.A.	
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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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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (<i>See remarks below</i>)					
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 endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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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 AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DR. ALSTON, 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

MICHAEL L. HUMPHREY
3001 GORDON HWY
GROVETOWN, GA 30813

Number of process to be
served with this Form 285

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Number of parties to be
served in this case

5

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on U.S.A.

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Signature of Attorney other Originator requesting service on behalf of:

Scott L. Poff, Clerk

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

706-849-4400

DATE

12/16/2016

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☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

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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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DEFENDANT CHEATAM, P.A., ET AL	TYPE OF PROCESS COMPLAINT & ORDER						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { DR. MENDOZA, 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 <div style="border: 1px solid black; padding: 5px; width: 60%;"> MICHAEL L. HUMPHREY 3001 GORDON HWY GROVETOWN, GA 30813 </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of process to be served with this Form 285</td> <td style="width: 30%; text-align: center;">2</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>	Number of process to be served with this Form 285	2	Number of parties to be served in this case	5	Check for service on U.S.A.	
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