

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF JOHNNA JOWANNA MIMS	COURT CASE NUMBER CV 124-167
DEFENDANT US DEPARTMENT OF HEALTH & HUMAN SVCS, et al.	TYPE OF PROCESS Summons, Complaint, Order

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

Civil Process Clerk of the United States Attorney for the Southern District of Georgia

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

PO Box 2017, Augusta, GA 30903

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <hr/> Johnna Jowanna Mims P.O. Box 1468 Waynesboro, GA 30830	Number of process to be served with this Form 285	3
	Number of parties to be served in this case	3
	Check for service on U.S.A.	X

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

The United States Marshal shall effect service of the Complaint on the required government officers and agencies in accordance with Federal Rule of Civil Procedure 4(i) and shall include a copy of this Order with the summons and Complaint. Service must be effected within ninety days of the date of this Order. See Fed. R. Civ. P. 4(m).

Signature of Attorney other Originator requesting service on behalf of: John E. Triplett, Clerk of Court	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 706.849.4400	DATE 10/23/2024
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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 _____	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 (<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*)

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