

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF ALICIO YANES	COURT CASE NUMBER 2:15-cv-36
DEFENDANT WENDY MCMANUS, et al	TYPE OF PROCESS COMPLAINT AND ORDER

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

Wendy McManus, Health Services Administrator, FCI Jesup

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

2680 Hwy 301 South, Jesup, GA 31599

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
	Number of parties to be served in this case	5
	Check for service on U.S.A.	X

Alicio Yanes
c/o Noemi Pineda
242 Summerlins Crossroad Rd.
Kenasville, NC 28349

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

Per Order of the Court dated 12/9/15.

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 912-280-1330	DATE 12/9/15
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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	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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*)

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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Suzanne Hastings, Warden FCI Jesup
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2680 Hwy 301 South, Jesup, GA 31599

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Alicio Yanes c/o Noemi Pineda 242 Summerlins Crossroad Rd. Kenasville, NC 28349	Number of process to be served with this Form 285	3
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 Regional Director, Southern Region FBOP
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 3800 Camp Creek Pkwy, Building 2000, Atlanta, GA 30331

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Director FBOP
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
U.S. Dept of Justice, 320 First St., NW, Washington, DC 20534

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Attorney General of the U.S.
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
U.S. Depart of Justice, 950 Pennsylvania Ave., NW, Washington, DC 20530-0001

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 U.S. Attorney for the SDGA
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 22 Barnard Street, Suite 300, Savannah, GA 31412

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