U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

EFENDANT inda Geter, Warden NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES The Attorney General of the United States ADDRESS (four to BED Approximation for States)		YPE OF PROCESS		
The Attorney General of the United States		etition and Order		
·	SCRIPTIO	N OF PROPERTY TO) SEIZE	OR CONDEM
ADDDECC (Construction DED 4 (Construction Construction Co				
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
950 Pennsylvania Avenue, N.W., Washington, DC 20530-0001				
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		er of process to be with this Form 285	2	
Vidhi S. Joshi Federal Defender Program, Inc. 101 Marietta Street, NW, Suite 1500, Atlanta, GA 30303		er of parties to be in this case	3	
404-688-7530-Email: vidhi_joshi@fd.org	Check on U.S	for service S.A.	X	
PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SEF	RVICE (<u>In</u>	clude Business and A	lternate	Addresses,
ll Telephone Numbers, and Estimated Times Available for Service):				
				Fo
		IE NUMBER	DATE	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	(912) 28			1/2020
cknowledge receipt for the total Total Process District of District to Signature of Authority			1110	Date
indicated. Origin Serve				
an one USM 285 is submitted) No No				
hereby certify and return that I \Box have personally served, \Box have legal evidence of service, \Box have a the individual, company, corporation, etc., at the address shown above on the on the individual, compa				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named	above (Se	e remarks below)		
ame and title of individual served (if not shown above)		A person of suita then residing in a of abode		
ddress (complete only different than shown above)		Date	Time	
		Signature of U.S. Ma	arshal or l	Deputy
brvice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits		t owed to U.S. Marshant of Refund*)	al* or	

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 Charles Reynaldo Williams						COURT CASE NUME 2:20cv94	BER	
DEFENDANT Linda Geter, Warden						TYPE OF PROCESS Petition and Order		
NAME OF IND	IVIDUAL, COM	PANY, COI	RPORATION. ET	C. TO SERVE OR DE	SCRIPTI	ION OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE Linda Geter,								
		tment No., C	ity, State and ZIP	Code)				
FCI Jesup FE	DERAL COF	RRECTIO	NAL INSTITU	TION 2600 HIGH	HWAY	301 SOUTH JESU	JP, GA	31599
SEND NOTICE OF SERVICE COF	Y TO REQUES	TER AT NA	ME AND ADDRI	ESS BELOW		nber of process to be red with this Form 285	2	
Vidhi S. Joshi Federal Defender 101 Marietta Stre			lanta GA 3030	2		nber of parties to be red in this case	3	
404-688-7530-En				5		ck for service J.S.A.	X	
SPECIAL INSTRUCTIONS OR O All Telephone Numbers, and Estin d Pursuant to Order of the Co	nated Times Ava	ilable for Se		IN EXPEDITING SE	KVICE (<u>Incluae Business ana A</u>	<u>Alternate A</u>	Fold
Signature of Attorney other Originat	for requesting set	vice on beh	alf of:		TELEPH	ONE NUMBER	DATE	
John E. Triplett, Acting			⊼	PLAINTIFF DEFENDANT		280-1330		1/2020
-	-	TIC M			, , ,			
SPACE BELOW FO 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			MS Deputy or Clerk		Date
I hereby certify and return that I								
I hereby certify and return that	I am unable to lo	cate the indi	vidual, company, o	corporation, etc. named	d above (See remarks below)		
Name and title of individual served	(if not shown abc	ove)				A person of suit then residing in of abode		
Address (complete only different that	n shown above)					Date	Time	□ aı □ pı
						Signature of U.S. Ma	arshal or E	Deputy
Service Fee Total Mileage C including <i>endea</i>	0	ling Fee	Total Charges	Advance Deposits		unt owed to U.S. Marsh ount of Refund*)	al* or	
REMARKS:								

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U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Charles Reynaldo Williams COURT CASE NUMBER 2:20cv94 DEFENDANT Linda Geter, Warden TYPE OF PROCESS Petition and Order SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN United States Attorney for the Southern District of Georgia, Civil Process Clerk ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 22 Barnard Street, Suite 300, Savannah, GA 31401 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Federal Defender Program, Inc. 101 Marietta Street, NW, Suite 1500, Atlanta, GA 30303 404-688-7530-Email: vidhi_joshi@fd.org Number of process to be served with this Form 285 2 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): Yeid Feder Pursuant to Order of the Court dated 09/11/2020. Feder Feder
Linda Geter, Warden Petition and Order SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN United States Attorney for the Southern District of Georgia, Civil Process Clerk United States Attorney for the Southern District of Georgia, Civil Process Clerk ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 22 Barnard Street, Suite 300, Savannah, GA 31401 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Vidhi S. Joshi Federal Defender Program, Inc. Number of parties to be served in this case 3 0 101 Marietta Street, NW, Suite 1500, Atlanta, GA 30303 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): Edd
SERVE AT United States Attorney for the Southern District of Georgia, Civil Process Clerk ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 22 Barnard Street, Suite 300, Savannah, GA 31401 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Vidhi S. Joshi Federal Defender Program, Inc. 101 Marietta Street, NW, Suite 1500, Atlanta, GA 30303 404-688-7530-Email: vidhi_joshi@fd.org Number of parties to be served in this case 3 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
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 22 Barnard Street, Suite 300, Savannah, GA 31401 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 2 Vidhi S. Joshi Federal Defender Program, Inc. Number of parties to be served in this case 3 101 Marietta Street, NW, Suite 1500, Atlanta, GA 30303 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
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All Telephone Numbers, and Estimated Times Available for Service): d Fold
Signature of Attorney other Originator requesting service on behalf of:
John E. Triplett, Acting Clerk DEFENDANT (912) 280-1330 09/11/2020
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) 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) 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 a Date p p
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:

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