

ORIGINAL

FILED
U.S. DISTRICT COURT
AUGUSTA DIV.

IN THE UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF GEORGIA
DUBLIN DIVISION

2015 AUG 27 PM 4:54

CLERK 
SO. DIST. OF GA.

STEVE HUGH EZZARD,

Plaintiff,

v.

DR. CALEB AJIBADE and
WARDEN BRAD HOOKS,

Defendants.

*
*
*
*
*
*
*
*
*
*

CV 314-141

O R D E R


By Order of June 11, 2015, Defendants in the captioned matter were ordered to show cause in writing within 14 days for their failure to waive service under Federal Rule of Civil Procedure 4(d). The June 11th Order was served upon Defendants by United States Mail at the Johnson State Prison. Defendants did not file anything in response to this Order.

On June 29, 2015, this Court directed that service be effected upon Defendants by the United States Marshal. Service was effected on July 16, 2015. (Doc. Nos. 54 & 55.) The cost of service was \$154.13 for each Defendant. (See id.)

Pursuant to Federal Rule of Civil Procedure 4(d)(2)(A) and in accordance with this Court's admonition to Defendants in its June 11th Order, Defendants are **ORDERED** to pay into the Registry of the Court the total amount of \$308.26. Upon

receipt, the Clerk shall reimburse the United States Marshals Service for the cost of service.

ORDER ENTERED at Augusta, Georgia, this 27th day of August, 2015.


UNITED STATES DISTRICT JUDGE

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 STEVE HUGH EZZARD	COURT CASE NUMBER CV814-141
DEFENDANT DR. AJIBADE	TYPE OF PROCESS ORDER <i>Kompl.</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SERVE AT { DR. AJIBADE, JOHNSON STATE PRISON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 290 DONOVAN-HARRIS ROAD, P.O. BOX 344, WRIGHTSVILLE, GA 31096	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	2
Steve Hugh Ezzard #43523 and Clerk, U.S. District Court Southern District of Georgia Johnson State Prison P.O. Box 344 Wrightsville, GA 31096	Number of parties to be served in this case	2
	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):

*Service directed by Court Order

2015 JUL -6 AM 11:28
SAVANNAH DIV. RECEIVED

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 6/30/2015
---	---	----------------------------------	-------------------

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 3	District of Origin No. 21	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date 7/6/15
---	--------------------	------------------------------	--------------------------	--	----------------

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) Johnson State Prison Medical Manager Deann Morris	<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 6/7/15	Time 0945	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee 65.00	Total Mileage Charges including endeavors 155 miles \$7.13	Forwarding Fee -	Total Charges 154.13	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$154.13
----------------------	---	---------------------	-------------------------	------------------	---

REMARKS: Dr. AJIBADE has retired from Johnson State Prison

- 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

U.S. DISTRICT COURT SAVANNAH DIV.
FILED
JUL 2 2015
B. [Signature]
SO. DIST. OF GA

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 STEVE HUGH EZZARD	COURT CASE NUMBER CV314-141
DEFENDANT BRAD HOOKS, WARDEN	TYPE OF PROCESS ORDER <i>1/comp.</i>
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN BRAD HOOKS, WARDEN, JOHNSON STATE PRISON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 290 DONOVAN-HARRIS ROAD, P.O. BOX 344, WRIGHTSVILLE, GA 31096	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	2
Steve Hugh Ezzard #43523 and Clerk, U.S. District Court Johnson State Prison Southern District of Georgia PO Box 344 P.O. Box 1130 Wrightsville, GA 31096 Augusta, GA 30903	Number of parties to be served in this case	2
	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):

**Service directed by Court Order*

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 6/30/2015
---	---	----------------------------------	-------------------

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 3	District of Origin 21	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date 7/16/15
--	--------------------	--------------------------	--------------------------	--	-----------------

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 07/16/15
	Time 0945
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including engine/fees	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of the fund*)
65.00	155 miles 89.13	—	154.13		\$ 154.13

REMARKS:

FILED JUL 22 2015
S.D. DIST. OF GA.
CLERK
SAVANNAH DIV.

- 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