

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 WILLIE WATERS		COURT CASE NUMBER CV316-076	
DEFENDANT GA DEPT OF CORRECTIONS, 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		
	GEORGIA DEPARTMENT OF CORRECTIONS		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 315 TIFT COLLEGE DR., FORSYTH GA 31029-2314		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<div style="border: 1px solid black; padding: 5px;"> WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753 </div>		Number of parties to be served in this case	7
		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

Fold

PRO-SE
IN-FORMA PAUPERIS

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 3/17/17
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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 (<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 <i>endeavors</i>	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

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United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF WILLIE WATERS	COURT CASE NUMBER CV316-076
DEFENDANT GA DEPT OF CORRECTIONS, 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
WESLEY O'NEAL CORRECTIONAL UNIT MANAGER JOHNSON STATE PRISON
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P O BOX 344 WRIGHTSVILLE GA 31096

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	7
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Address (<i>complete only different than shown above</i>)	<table border="1"> <tr> <td>Date</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy _____</td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy _____	
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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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF WILLIE WATERS	COURT CASE NUMBER CV316-076						
DEFENDANT GA DEPT OF CORRECTIONS, 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 { FNU POSS CORRECTIONAL OFFICER JOHNSON STATE PRISON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P O BOX 344 WRIGHTSVILLE GA 31096							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number of process to be served with this Form 285</td> <td style="width: 40%; text-align: center;">1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: center;">7</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	1	Number of parties to be served in this case	7	Check for service on U.S.A.	
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Fold Fold

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IN-FORMA PAUPERIS

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 3/17/17
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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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	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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5. ACKNOWLEDGMENT OF RECEIPT

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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF
WILLIE WATERSCOURT CASE NUMBER
CV316-076DEFENDANT
GA DEPT OF CORRECTIONS, 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
 FNU SCOTT CORRECTIONAL OFFICER JOHNSON STATE PRISON
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 P O BOX 344 WRIGHTSVILLE GA 31096

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

WILLIE WATERS GDC 729241
 HAYS STATE PRISON
 P O BOX 668
 TRION GA 30753

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

7

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

Fold

PRO-SE
 IN-FORMA PAUPERIS

Signature of Attorney other Originator requesting service on behalf of:

Scott L. Poff, Clerk

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(706)849-4400

DATE

3/17/17

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

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
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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

☐ am
☐ 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:

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United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF WILLIE WATERS	COURT CASE NUMBER CV316-076
DEFENDANT GA DEPT OF CORRECTIONS, 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
FNU TAYLOR CORRECTIONAL OFFICER JOHNSON STATE PRISON
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P O BOX 344 WRIGHTSVILLE GA 31096

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753	Number of process to be served with this Form 285	1
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SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	FNU MASON CORRECTIONAL OFFICER JOHNSON STATE PRISON		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P O BOX 344 WRIGHTSVILLE GA 31096		
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