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

| WILLIE WAI | TILLIE WATERS CV310 EFENDANT TYPE | | | | | C | COURT CASE NUME | BER | | |
|--|--|--|---|---|--|--|---|--|--|-----------------|
| DEFENDANT GA DEPT OF | CORRECTIONS, I | ET AL., | | | | | TYPE OF PROCESS COMPLAINT & O | RDER | | |
| (| - NAME OF INDIVIDU | AL, COM | PANY, CORI | PORATION. ETC | TO SERVE OR DES | CRIPTIC | ON OF PROPERTY TO | O SEIZE (| OR CONI | DEMN |
| SERVE | GEORGIA DEPA | | | | | | | | | |
| AT | ADDRESS (Street or F | | | 5654 | | | | | | |
| END NOTICE (| 315 TIFT COLLE | | | | | the state of the | | 1 | | |
| SEND NOTICE C | of service corr to | REQUES | | WE AND ADDRE | 35 BELOW | | ber of process to be d with this Form 285 | 1 | | |
| HA | LLIE WATERS G | | 241 | | - | | per of parties to be d in this case | 7 | | |
| | P O BOX 668 TRION GA 30753 | | | | | | k for service S.A. | | | î |
| PRO-SE IN-FORMA | | | | | | | | | | |
| | mey other Originator req | uesting ser | vice on behal | <u></u> | PLAINHFF | ELEPHO | NE NUMBER | DATE | | |
| Scott L | Poff, Clerk | | | | DEFENDANT | (706)8 | 49-4400 | 3/17/ | /17 | |
| Children and Chi | | | | | | . , | | | | |
| SPACE B | ELOW FOR U | SE OF | U.S. MA | ARSHAL O | | . , | | | LINE | C |
| SPACE B I acknowledge rec number of process (Sign only for US) than one USM 28. | ceipt for the total Tota s indicated. M 285 if more | SE OF | U.S. MA | District to Serve No | | T WF | RITE BELOW | | Date | 2 |
| I acknowledge rec number of process (Sign only for US) than one USM 28. | ceipt for the total Tota s indicated. M 285 if more | al Process | District of Origin No | District to Serve No | NLY DO NO | T WF | RITE BELOW IS Deputy or Clerk as shown in "Remark: | 7 THIS | Date | ribed |
| I acknowledge rec number of process (Sign only for US) than one USM 28. I hereby certify ar on the individual , I hereby certif | teipt for the total s indicated. M 285 if more 5 is submitted) and return that I have , company, corporation, i ify and return that I am u | al Process personally etc., at the inable to lo | District of Origin No served , H address show | District to Serve No have legal evidenc m above on the on | NLY DO NO Signature of Authori e of service, have e the individual, compar | T WF | AITE BELOW IS Deputy or Clerk as shown in "Remarks oration, etc. shown at th | THIS | Date | ribed |
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| I acknowledge rec number of process (Sign only for USI than one USM 28. I hereby certify ar on the individual , I hereby certi Name and title of | teipt for the total s indicated. M 285 if more 5 is submitted) and return that I have , company, corporation, i ify and return that I am u | personally etc., at the inable to lo shown abo | District of Origin No served , H address show | District to Serve No have legal evidenc m above on the on | NLY DO NO Signature of Authori e of service, have e the individual, compar | T WF | A person of suit then residing in | s", the pro- | Date Date cess descr inserted nd discret | tion lace |
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| I acknowledge rec number of process (Sign only for US) than one USM 28. I hereby certify ar on the individual , I hereby certify ar on the individual , I hereby certify Name and title of Address (completed Service Fee | ceipt for the total s indicated. Total M 285 if more 5 is submitted) | al Process personally etc., at the inable to lo <i>shown above</i>) | District of Origin No | District to Serve No have legal evidenc n above on the on /idual, company, c | NLY DO NO Signature of Authori of Service, have of the individual, compar orporation, etc. named | T WH zed USM executed ny, corpc above (S | ATTE BELOW IS Deputy or Clerk as shown in "Remarks oration, etc. shown at the ree remarks below) A person of suit then residing in of abode Date Signature of U.S. M mut owed to U.S. Marsh | s", the pro- he address table age a defendant Time | Date | tion lace |

2. USMS RECORD

- 3. NOTICE OF SERVICE
- 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. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

| DEFENDANT GA DEPT OF CORRECTIONS, ET AL., NAME OF INDIVIDUAL, COMPANY, CORPORATIO WESLEY O'NEAL CORRECTIONAL UNIT ADDRESS (Street or RFD, Apartment No., City, State an P O BOX 344 WRIGHTSVILLE GA 31096 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND A WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): old PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if submitted) I hereby certify and return that 1 have personally served, have legal of the logal of the logal of logal o | MANAGER JOHNS A ZIP Code) DDRESS BELOW SSIST IN EXPEDITING SE | SON STATE PRISON Number of process to be served with this Form 28 Number of parties to be served in this case Check for service on U.S.A. ERVICE (Include Business and U.S.A.) TELEPHONE NUMBER (706)849-4400 | 2 ORDER 7 TO SEIZE OR CONDEMN 35 1 7 7 1 Additernate Addresses. Fol 0 DATE 3/17/17 |
|--|--|---|--|
| SERVE AT WESLEY O'NEAL CORRECTIONAL UNIT ADDRESS (Street or RFD, Apartment No., City, State an P O BOX 344 WRIGHTSVILLE GA 31096 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND A WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): A PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if submitted) I hereby certify and return that I have personally served. have legal of the process indicated is a process in the personally served. have legal of the personally served. | MANAGER JOHNS A ZIP Code) DDRESS BELOW SSIST IN EXPEDITING SE | SON STATE PRISON Number of process to be served with this Form 28 Number of parties to be served in this case Check for service on U.S.A. ERVICE (Include Business and U.S.A.) TELEPHONE NUMBER (706)849-4400 | 35 1 7 7 ad Alternate Addresses. Fold DATE 3/17/17 |
| AT ADDRESS (Street or RFD, Apartment No., City, State an P O BOX 344 WRIGHTSVILLE GA 31096 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND A WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served. have legal of the serve in the serve of | DDRESS BELOW | Number of process to be served with this Form 28 Number of parties to be served in this case Check for service on U.S.A. ERVICE (Include Business and the served in this case) TELEPHONE NUMBER (706)849-4400 | 25 1 7 7 <i>nd Alternate Addresses.</i> Fol DATE 3/17/17 |
| P O BOX 344 WRIGHTSVILLE GA 31096 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND A WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served. have legal of the total I hereby certify and return that I have personally served. | DDRESS BELOW | served with this Form 28 Number of parties to be served in this case Check for service on U.S.A. ERVICE (Include Business and the served in this case) TELEPHONE NUMBER (706)849-4400 | 25 1 7 7 <i>nd Alternate Addresses.</i> Fol DATE 3/17/17 |
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| WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served. have legal of the logal of the lo | SSIST IN EXPEDITING SE | served with this Form 28 Number of parties to be served in this case Check for service on U.S.A. ERVICE (Include Business and the served in this case) TELEPHONE NUMBER (706)849-4400 | 25 1 7 7 <i>nd Alternate Addresses.</i> Fol DATE 3/17/17 |
| HAYS STATE PRISON P O BOX 668 TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) L bereby certify and return that I have personally served. | Defendant | served in this case Check for service on U.S.A. ERVICE (Include Business and TELEPHONE NUMBER (706)849-4400 | DATE 3/17/17 |
| TRION GA 30753 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service): PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if submitted) L bereby certify and return that I have personally served. have legal of the local have legal of the local have legal of the local | Defendant | on U.S.A. ERVICE (Include Business an TELEPHONE NUMBER (706)849-4400 | DATE |
| All Telephone Numbers, and Estimated Times Available for Service): PRO-SE IN-FORMA PAUPERIS Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if submitted) L hereby certify and return that I have personally served. | Defendant | TELEPHONE NUMBER (706)849-4400 | DATE |
| Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) L hereby certify and return that I | DEFENDANT | (706)849-4400 | 3/17/17 |
| Scott L. Poff, Clerk SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I | DEFENDANT | (706)849-4400 | 3/17/17 |
| SPACE BELOW FOR USE OF U.S. MARSHA I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I | | | |
| 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 No No I have personally served have legal of the submitted of the sub | L ONLY DO NO | | |
| I hereby certify and return that I have personally served. | | orized USMS Deputy or Clerk | |
| on the individual, company, corporation, etc., at the address shown above on | vidence of service, have the on the individual, comp | ve executed as shown in "Rema pany, corporation, etc. shown a | arks", the process described at the address inserted below. |
| ☐ I hereby certify and return that I am unable to locate the individual, com | pany, corporation, etc. name | ed above (See remarks below) | |
| Name and title of individual served (if not shown above) | | A person of s then residing of abode | suitable age and discretion 3 in defendant's usual place |
| Address (complete only different than shown above) | | Date | Time |
| | | Signature of U.S. | . Marshal or Deputy |
| Service Fee Total Mileage Charges Forwarding Fee Total Char including <i>endeavors</i>) | ges Advance Deposits | s Amount owed to U.S. Ma (Amount of Refund*) | arshal* or |
| REMARKS: | | <u> </u> | |

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

United States Marshals Service

PROCESS RECEIPT AND RETURN

| PLAINTIFF WILLIE WATERS | | | | | | COURT CASE NUMB CV316-076 | BER | |
|---|----------------------|-----------------------|----------------------|-----------------------|--------------------------------|--|--------------|-----------------------------------|
| DEFENDANT GA DEPT OF CORRECTI | ONS, ET AL., | | | | | TYPE OF PROCESS COMPLAINT & O | RDER | |
| NAME OF INI | DIVIDUAL, COM | PANY, CORP | PORATION. ETC | . TO SERVE OR DE | SCRIPTIC | ON OF PROPERTY TO | O SEIZE (| OR CONDEMN |
| | | | | ON STATE PRIS | ON | | | |
| | eet or RFD, Apar | | | Eode) | | | | |
| P O BOX 34 | 4 WRIGHTSV | VILLE GA | 31096 | | | | | |
| SEND NOTICE OF SERVICE CC | PY TO REQUES | TER AT NAM | 1E AND ADDRE | SS BELOW | | per of process to be d with this Form 285 | 1 | |
| WILLIE WATERS GDC 729241 HAYS STATE PRISON P O BOX 668 | | | | | | ber of parties to be d in this case | 7 | |
| TRION GA 307 | 53 | | | | Check for service on U.S.A. | | | |
| SPECIAL INSTRUCTIONS OR | | | | IN EXPEDITING SE | RVICE <u>(1</u> | nclude Business and A | Alternate / | Addresses, |
| All Telephone Numbers, and Est | mated Times Ava | ilable for Serv | vice): | | | | | Fold |
| | | | | | TELEDUO | | DATE | |
| Signature of Attorney other Origin | | rvice on behalf | | PLAINTIFF | | NE NUMBER | DATE | |
| Scott L. Poff, Cler | | | | DEFENDANT | | 49-4400 | 3/17/ | |
| SPACE BELOW FO | R USE OF | U.S. MA | RSHAL O | NLY DO NO | OT WI | RITE BELOW | THIS | LINE |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more | Total Process | District of Origin | District to Serve | Signature of Autho | rized USN | IS Deputy or Clerk | | Date |
| than one USM 285 is submitted) | - | No | No | | | | | |
| I hereby certify and return that I on the individual , company, corpo | ration, etc., at the | address shown | n above on the on | the individual, comp | any, corpo | oration, etc. shown at th | s", the pro- | cess described inserted below. |
| I hereby certify and return that | | | idual, company, c | orporation, etc. name | d above (S | 1 | | |
| Name and title of individual serve | l (if not shown ab | ove) | | | | A person of suit then residing in of abode | | |
| Address (complete only different t | han shown above) | | | | | Date | Time | ar pr |
| | | | | | | Signature of U.S. M | arshal or I | Deputy |
| Service Fee Total Mileage including ende | | ding Fee | Total Charges | Advance Deposits | | I int owed to U.S. Marsh unt of Refund*) | nal* or | |
| 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

United States Marshals Service

PROCESS RECEIPT AND RETURN

| LAINTIFF VILLIE WATERS | | | | | | COURT CASE NUMBER CV316-076 | | | | |
|---|-----------------------------------|----------------------------|-----------------------|---|---|--------------------------------|---|---------------------------|---------------------------------|--|
| DEFENDANT GA DEPT OF CORI | RECTIONS, | ET AL., | | | | | TYPE OF PROCESS COMPLAINT & ORDER RIPTION OF PROPERTY TO SEIZE OR CON | | | |
| NAME | E OF INDIVIDU | AL, COM | PANY, COR | PORATION. ETC | . TO SERVE OR DE | SCRIPTIO | N OF PROPERTY TO |) SEIZE (| OR CONDEMN | |
| SERVE J FNU | SCOTT COR | RECTI | ONAL OF | FICER JOHNS | SON STATE PRI | SON | | | | |
| AT ADDR | ESS (Street or) | RFD, Apar | tment No., Ci | ty, State and ZIP (| Code) | | | | | |
| V POE | 30X 344 WR | IGHTSV | VILLE GA | 31096 | | | | | | |
| SEND NOTICE OF SERV | VICE COPY TO | REQUES | TER AT NA | ME AND ADDRE | SS BELOW | Numb | er of process to be | | | |
| | | | | | | | l with this Form 285 | 1 | | |
| WILLE | WATERS G | DC 7292 | 241 | | | | | | | |
| | TATE PRISC | | 6-11 | | | | er of parties to be I in this case | 7 | | |
| | P O BOX 668 | | | | | Scivee | | Ľ | | |
| TRION C | GA 30753 | 0753 Check | | | | for service | | | | |
| | | | | | | on U.S | S.A. | | | |
| SPECIAL INSTRUCTIC All Telephone Numbers, d | | | | | IN EXPEDITING SE | | icimae Dusiness and / | <u>uternate /</u> | Fold | |
| Signature of Attorney oth | er Originator rec | uesting set | rvice on beha | lf of: | PLAINTIFF | TELEPHO | NE NUMBER | DATE | | |
| Scott L. Pof | | | | | DEFENDANT | (706)849-4400 | | 3/17 | 3/17/17 | |
| | | | | | | | | | | |
| SPACE BELO | W FOR U | SE OF | [•] U.S. MA | ARSHAL O | NLY DO N | OT WR | TTE BELOW | THIS | | |
| I acknowledge receipt for | | al Process | District of | District to | Signature of Autho | rized USM | S Deputy or Clerk | | Date | |
| number of process indicat (Sign only for USM 285 ij | | | Origin | Serve | | | | | | |
| than one USM 285 is sub | | | No | No | | | | | | |
| I hereby certify and return on the individual, compa | n that I D have | personally etc., at the | served , address show | have legal evidence vn above on the or | e of service, D have the individual, comp | e executed bany, corpor | as shown in "Remarks ration, etc. shown at t | s", the pro he address | cess described inserted below. | |
| I hereby certify and a | return that I am | nable to lo | ocate the indi- | vidual, company, o | corporation, etc. name | d above (Se | ee remarks below) | | | |
| Name and title of individu | ual served <i>(if no</i> | shown ab | ove) | | | | A person of suit then residing in of abode | able age a defendant | nd discretion 's usual place | |
| Address (complete only d | lifferent than sha | wn above) | | | | | Date | Time | an p | |
| | | | | | | | Signature of U.S. M | arshal or I | Deputy | |
| Service Fee Total includ | Milcage Charge ding endeavors) | s Forwar | ding Fee | Total Charges | Advance Deposits | | nt owed to U.S. Marsh int of Refund*) | nal* or | | |
| 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,
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PRIOR EDITIONS MAY BE USED

United States Marshals Service

PROCESS RECEIPT AND RETURN

| PLAINTIFF WILLIE WATERS | | | | | C | COURT CASE NUME CV316-076 | BER | |
|---|---|--|--|--|---|--|--|---|
| DEFENDANT GA DEPT OF CORREC | CTIONS, ET AL., | | | | | ГҮРЕ OF PROCESS COMPLAINT & C | ORDER | |
| C NAME OF | INDIVIDUAL, COM | IPANY, CORP | ORATION. ET | C. TO SERVE OR DE | SCRIPTIC | ON OF PROPERTY TO | O SEIZE (| OR CONDEMN |
| < | | | | NSON STATE P | RISON | | | |
| | (Street or RFD, Apar | | | Code) | | | | |
| LOVE _ NAME OF COMPENSION | X 344 WRIGHTS | A COLAN BESALCO ANDERGION | | | - | | 1 | |
| SEND NOTICE OF SERVICE | E COPY TO REQUES | TER AT NAM | IE AND ADDRI | ESS BELOW | | ber of process to be | 1 | |
| | | | | | serve | d with this Form 285 | 1 | |
| | TERS GDC 729 | 241 | | | | ber of parties to be | - | |
| | HAYS STATE PRISON P O BOX 668 TRION GA 30753 | | | | | d in this case | 7 | |
| | | | | | | k for service | | |
| | | | | | on U. | | | |
| PRO-SE IN-FORMA PAUPER | IS | | | | | | | |
| Signature of Attorney other Or Scott L. Poff, C SPACE BELOW acknowledge receipt for the t number of process indicated. | Clerk FOR USE OF | U.S. MA | | PLAINTIFF DEFENDANT NLY DO N Signature of Autho | (706)8 OT WI | | DATE 3/17/ 7 THIS | |
| Scott L. Poff, C SPACE BELOW | FOR USE OF otal Total Process | U.S. MA | RSHAL O | DEFENDANT | (706)8 OT WI | 49-4400 RITE BELOW | 3/17/ | LINE |
| Scott L. Poff, C SPACE BELOW acknowledge receipt for the t number of process indicated. (Sign only for USM 285 if mor | FOR USE OF otal Total Process e d) I have personally | District of Origin | RSHAL O District to Serve No | DEFENDANT NLY DO N Signature of Autho | (706)8 OT WH rized USM | 49-4400 RITE BELOW 1S Deputy or Clerk as shown in "Remarks | 3/17/ THIS | LINE Date |
| Scott L. Poff, C SPACE BELOW acknowledge receipt for the th number of process indicated. (Sign only for USM 285 if mor- than one USM 285 is submitted thereby certify and return that on the individual, company, c thereby certify and return | FOR USE OF otal Total Process e | District of Origin No v served , ha address shown | RSHAL O District to Serve No ave legal evidence above on the or | DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp | (706)8 OT WH rized USM | 49-4400 RITE BELOW IS Deputy or Clerk as shown in "Remarks oration, etc. shown at th | 3/17/ THIS | LINE Date |
| Scott L. Poff, C SPACE BELOW acknowledge receipt for the th number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted thereby certify and return that on the individual, company, c | FOR USE OF otal Total Process e | District of Origin No v served , ha address shown | RSHAL O District to Serve No ave legal evidence above on the or | DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp | (706)8 OT WH rized USM | 49-4400 RITE BELOW IS Deputy or Clerk as shown in "Remarks oration, etc. shown at th | 3/17/ THIS | LINE Date Cess described inserted below. |
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| Scott L. Poff, C SPACE BELOW | Clerk FOR USE OF otal Total Process e d) Total Process in that I am unable to le rved (if not shown above) age Charges Forwar | District of Origin No v served , ha address shown ocate the indivi | RSHAL O District to Serve No ave legal evidence above on the or | DEFENDANT NLY DO NO Signature of Autho e of service, have the individual, comp | (706)8 DT WH rized USM e executed any, corpo d above (S | 49-4400 RITE BELOW IS Deputy or Clerk as shown in "Remarks oration, etc. shown at th <i>ee remarks below)</i> A person of suit then residing in of abode Date Date | 3/17/ THIS s", the proc he address able age and defendant ⁰ Time arshal or D | LINE Date Date cess described inserted below. discretion s usual place at p |

PRINT 5 COPIES: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

- 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

Form USM-285

PRIOR EDITIONS MAY BE USED

Rev. 12/15/80 Automated 01/00

United States Marshals Service

PROCESS RECEIPT AND RETURN

| PLAINTIFF WILLIE WA | TERS | | | | | | | COURT CASE NUME CV316-076 | BER | |
|--|---|----------------------------------|------------------------------|----------------------|---------------------------------|--------------------------|-----------------------|---|----------------------------|-----------------------------------|
| DEFENDANT GA DEPT OF | FCORRECTIONS | , ET AL., | | | | | | TYPE OF PROCESS COMPLAINT & C | RDER | |
| | NAME OF INDIVID | UAL, COM | PANY, COR | PORATION. E | TC. TO SER | VE OR DE | SCRIPTI | ON OF PROPERTY TO | O SEIZE C | OR CONDEMN |
| SERVE | FNU LORDGE | | | | | TATE P | RISON | | | |
| AT) | ADDRESS (Street o | | | | P Code) | | | | | |
| | P O BOX 344 W | RIGHTS | /ILLE GA | 31096 | | | | | | |
| SEND NOTICE | OF SERVICE COPY 1 | O REQUES | TER AT NAM | ME AND ADDI | RESS BELO | W | | ber of process to be ed with this Form 285 | 1 | |
| H | ILLIE WATERS AYS STATE PRIS | | 241 | | | | | ber of parties to be ed in this case | 7 | |
| | O BOX 668 RION GA 30753 | | | | Check for service on U.S.A. | | | | | |
| | A PAUPERIS | equesting set | rvice on beha | lf of: | PLAINTI | FF | TELEPHO | DNE NUMBER | DATE | Fold |
| Scott I | L. Poff, Clerk | | | [| DEFEND | ANT | (706)8 | 349-4400 | 3/17/ | '17 |
| SPACE E | BELOW FOR | USE OF | U.S. MA | ARSHAL | ONLY | DO N | OT W | RITE BELOW | THIS | LINE |
| I acknowledge re number of proces (Sign only for US than one USM 28 | ss indicated. SM 285 if more | otal Process | District of Origin | District to Serve | Signatu | re of Autho | orized USN | MS Deputy or Clerk | | Date |
| L hereby certify a | and return that I have | ve personally n, etc., at the | served , 🗆 1 address show | have legal evide | ence of servic on the indivi | e, 🗌 have dual , comp | e executed pany, corp | as shown in "Remark: oration, etc. shown at th | s", the proc he address | cess described inserted below. |
| I hereby cer | tify and return that I an | unable to lo | ocate the indiv | vidual, company | , corporation | , etc. name | ed above (. | See remarks below) | | |
| | f individual served (if n | | | | 699-2220-24 | | | A person of suit then residing in of abode | able age a defendant | nd discretion s usual place |
| Address (comple | te only different than s | hown above) | | | | | | Date | Time | an p |
| | | | | | | | | Signature of U.S. M | arshal or I | Deputy |
| Service Fee | Total Mileage Char including endeavor. | | ding Fee | Total Charges | Advanc | e Deposits | | unt owed to U.S. Marsh ount of Refund*) | nal* or | |
| REMARKS: | | | | | | | | | | |
| | | | | | | | | | | |

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PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

| WILLIE WATERS | | | | | | URT CASE NUMB 316-076 | ER | |
|--|--|--|---|---|---|---|--|---|
| DEFENDANT GA DEPT OF CORRECTIC | NS, ET AL., | | | | | PE OF PROCESS MPLAINT & O | RDER | |
| NAME OF IND | IVIDUAL, COM | PANY, CORP | ORATION. ETC | . TO SERVE OR DES | CRIPTION | OF PROPERTY TO |) SEIZE O | R CONDEMN |
| | | | | SON STATE PR | SON | | | |
| *** | et or RFD, Apart | | | iode) | | | | |
| | WRIGHTSV | | | | | | | |
| SEND NOTICE OF SERVICE CO | Y TO REQUES | | | 55 BELOW | | of process to be with this Form 285 | 1 | |
| WILLIE WATER | | 241 | | | Number | of parties to be | | |
| HAYS STATE P | RISON | | | | | n this case | 7 | |
| P O BOX 668 TRION GA 3075 | 3 | | | | Check for on U.S. | or service A. | | |
| | | | ····· | | | | | |
| SPECIAL INSTRUCTIONS OR C All Telephone Numbers, and Estin | THER INFORM nated Times Ava | ATION THAT <i>ilable for Serv</i> | `WILL ASSIST ice): | IN EXPEDITING SE | RVICE (<u>Incl</u> | lude Business and A | <u>liternate A</u> | <u>daresses.</u> |
| ld | | - | | | | | | Fold |
| IN-FORMA PAUPERIS | | | | | | | | |
| Signature of Attorney other Origina | tor requesting set | aviae on hehalf | | | | | | |
| Signature of Attorney other Origina | nor requesting ser | vice on benan | | PLAINTIFF | TELEPHONE | ENUMBER | DATE | |
| Scott L. Poff, Cler | | vice on benan | | PLAINTIFF DEFENDANT | (706)849 | | DATE 3/17/ | /17 |
| Scott L. Poff, Cler | k | | | DEFENDANT | (706)849 | 9-4400 | 3/17/ | |
| Scott L. Poff, Cler SPACE BELOW FO I acknowledge receipt for the total number of process indicated. | k | | | DEFENDANT | (706)849 DT WRI | 0-4400 TE BELOW | 3/17/ | |
| Scott L. Poff, Cler SPACE BELOW FO | k R USE OF | U.S. MA District of | RSHAL O | DEFENDANT | (706)849 DT WRI | 0-4400 TE BELOW | 3/17/ | LINE |
| Scott L. Poff, Cler SPACE BELOW FO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more | R USE OF Total Process | U.S. MA District of Origin No | | DEFENDANT NLY DO NO Signature of Author c of service have | (706)849 DT WRI ized USMS | 0-4400 TE BELOW Deputy or Clerk | 3/17/ THIS | LINE Date |
| Scott L. Poff, Cler 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) | R USE OF Total Process have personally ration, etc., at the | U.S. MA District of Origin No served , ha address shown | RSHAL O District to Serve No ave legal evidence above on the on | DEFENDANT NLY DO NO Signature of Author e of service, have the individual, comp | (706)849 DT WRI ized USMS executed as any, corpora | D-4400 (TE BELOW Deputy or Clerk s shown in "Remarks tion, etc. shown at th | 3/17/ THIS | LINE Date |
| Scott L. Poff, Cler 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) I hereby certify and return that I on the individual, company, corpor | R USE OF Total Process have personally ration, etc., at the | U.S. MA District of Origin No served , ha address shown ocate the indivi | RSHAL O District to Serve No ave legal evidence above on the on | DEFENDANT NLY DO NO Signature of Author e of service, have the individual, comp | (706)849 DT WRI ized USMS executed as any, corpora d above <i>(See</i> | D-4400 (TE BELOW Deputy or Clerk s shown in "Remarks tion, etc. shown at th | 3/17/ THIS s", the proof the address able age at | LINE Date cess described inserted below. |
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