

**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 Wayne D. Hamilton		COURT CASE NUMBER 4:17-cv-123-WTM/GRS	
DEFENDANT Commissioner of Social Security Administration		TYPE OF PROCESS Order, Complaint, Amended Complaint	
<b>SERVE</b> <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Commissioner of Social Security Administration		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Room 611, Altmeyer Bldg., 6401 Security Blvd., Baltimore, MD 21235		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
Wayne D. Hamilton 1412 E. 35th St. Savannah, GA 31404		Number of parties to be served in this case	3
		Check for service on U.S.A.	X
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE ( <u>Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service</u> ):			
Fold			Fold

Signature of Attorney other Originator requesting service on behalf of: <b>Scott L. Poff, Clerk</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 912-650-4020	DATE 8/24/17
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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 _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> 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

Form USM-285  
Rev. 12/15/80  
Automated 01/00

**U.S. Department of Justice**  
United States Marshals Service

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DEFENDANT Commissioner of Social Security Administration	TYPE OF PROCESS Order, Complaint, Amended Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Attorney General of the U.S.  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 U.S. Dept of Justice, 950 Pennsylvania Ave., NW, Washington, DC 20630-0001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Wayne D. Hamilton 1412 E. 35th St. Savannah, GA 31404	Number of process to be served with this Form 285	3
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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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 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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