Doc. 9 Att. 1

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

### PROCESS RECEIPT AND RETURN

SERVE SCMPD (CNT Agents)  SERVE AT  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  SERVE AT  SCMPD (CNT Agent 1)  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  70 Ross Road, Savannah, GA 31405  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Chatham County Detention Center  1074 Carl Griffin Dr.  Savannah, GA 31415  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):  Signature of Attorney other Originator requesting service on behalf of:  SIgnature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  Lacknowledge receipt for the total number of process indicated.  Sign only for USM 288 f more than one USM 288 is submitted  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., at the address shown above on the nother individual, company, corporation, etc., at the address shown above on the nother individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual percentage of such and the proces	PLAINTIFF Eric Latroy Harris	4:17cv-154	OURT CASE NUMBER 17cv-154					
SERVE ADDRESS (Sireet or RFD. Apartment No. City, State and ZIP Code)  ADDRESS (Sireet or RFD. Apartment No. City, State and ZIP Code)  70 Ross Road, Savannah, GA 31405  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Price Latroy Harris, X0108400 Chatham County Detention Center 1074 Carl Griffin Dr. Savannah, GA 31415  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresser.  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  Lacknowledge receipt for the total manber of process indicated.  Inchesive greeipt for the total manber of process indicated.  Inchesive certify and return that 1 law personally served. have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. shown at the address inserted below on the individual, exempany, corporation, etc. shown at the address inserted below on the individual served (if not shown above)    I hereby certify and return that 1 am unable to locate the individual, company, corporation, etc. shown at the address inserted below on the individual served (if not shown above)    Address (complete only different than shown above)   Date   Time   Signature of U.S. Marshal or Deputy   Signature of U.S. Marshal or U.S. Marshal or Deputy   Signature of U.S. Marshal or U.S. Marshal or Deputy   Signature of U.S. Marshal or U.S. Marsha	DEFENDANT SCMPD (CNT Agents)			Order/Amended complaint				
SERVE AT SOME SCAND (CNT Agent 1)  ADDRESS Rarvet or RFD, Apartment No., City, State and ZIP Code)  70 Ross Road, Savannah, GA 31405  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Chatham County Detention Center 1074 Carl Griffin Dr. Savannah, GA 31415  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):  Signature of Attorney other Originator requesting service on behalf of:  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.  I acknowledge receipt for the total number of process indicated.  I hereby certify and return that 1 me have personally served. In lave legal evidence of service. I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. shown at the address inserted below on the individual company, corporation, etc. shown at the address inserted below on the individual served (if not shown above)  Address (complete only different than shown above)  Forward of Advance Deposits Advance Deposits Amount owed to U.S. Marshal or Deputy  Service Fee Total Mileage Charges Forwarding Fee Including endeavors)  Forwarding Forwarding Fee Including endeavors)	NAME OF INDIV	IDUAL, COMPANY, CORP	ORATION. ETC. T	TO SERVE OR DESCR	IPTION OF PROPERTY T	O SEIZE OR CONDEMN		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW   Served with this Form 285   2	SERVE SCMPD (CNT	Agent 1)						
Eric Latroy Harris, X0108400   Chatham County Detention Center 1074 Carl Griffin Dr. Savannah, GA 31415   Check for service on U.S.A.						-		
Chatham County Detention Center 1074 Carl Griffin Dr. Savannah, GA 31415  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):  Signature of Attorney other Originator requesting service on behalf of:  SCOTT L. Poff, Clerk  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.  Origin Only for USA 285 if more than one USM 285 is submitted)  No. No. No. No. No. No. No. Interest of Authorized USMS Deputy or Clerk  I hereby certify and return that I may be personally served, may be 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 then residing in defendant's usual place of abode  Address (complete only different than shown above)  Forwarding Fee Intelligence of service on U.S. Marshal or Deputy  Service Fee Total Mileage Charges including endeavors)  Fold  Time Signature of U.S. Marshal or Deputy  Service Fee Total Mileage Charges including endeavors)  Fold  Total Charges Advance Deposits Amount overlit to U.S. Marshal or (Amount of Refund*)	SEND NOTICE OF SERVICE COPY	TO REQUESTER AT NAM	E AND ADDRESS	S BELOW	Number of process to be served with this Form 285	2		
Signature of Attorney other Originator requesting service on behalf of:  Signature of Attorney other Originator requesting service on behalf of:  Scott L. Poff, Clerk  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total mother originated in the state of the service of the servic	Chatham County D	Detention Center			2			
Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk  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 265 if more than one USM 285 is submitted)  I hereby certify and return that I meet address shown above on the individual, company, corporation, etc., at the address shown above on the on the individual served (if not shown above)  Address (complete only different than shown above)  Service Fee Total Mileage Charges including endeavorsy  Total Charges Advance Deposits  Advance Deposits  Amount owed to U.S. Marshal* or (Amount of Refund*)				40 T 10 D 1				
Signature of Attorney other Originator requesting service on behalf of:    DEFENDANT   DEFENDANT	All Telephone Numbers, and Estima	ated Times Available for Serv	vice):					
Thereby 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 on the 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   Signature of U.S. Marshal or Deputy	Scott L. Poff, Clerk	R USE OF U.S. MA	ARSHAL OF	DEFENDANT NLY DO NO	T WRITE BELOV	W THIS LINE		
on the individual, company, corporation, etc., at the address shown above of the on the individual of the 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)	number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Origin No	Serve No					
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  Date  Time  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*)	on the individual, company, corpora	ation, etc., at the address show	vii above on the on	the marriadar, comp	,, , ·	rks", the process described t the address inserted below.		
Address (complete only different than shown above)  Service Fee  Total Mileage Charges including endeavors)  Forwarding Fee  Total Charges Tot	☐ I hereby certify and return that	I am unable to locate the indi-	vidual, company, co	orporation, etc. named	above (See remarks below)	1.11		
Address (complete only different than shown above)  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*)	Name and title of individual served	(if not shown above)			then residing	in defendant's usual place		
Service Fee Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	Address (complete only different that	an shown above)			Date	Time an		
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges (Amount of Refund*)					Signature of U.S.	Marshal or Deputy		
REMARKS:	Service Fee Total Mileage Cincluding ended		Total Charges	Advance Deposits	Amount owed to U.S. Ma (Amount of Refund*)	rshal* or		
	REMARKS:							
PRIOR EDITIONS MAY BE U					11			

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 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.
   ACKNOWLEDGMENT OF RECEIPT

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

# 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

LAINTIFF						RT CASE NUMB ev-154	ER		_
ric Latroy Harris  EFENDANT					TYPE OF PROCESS Order/Amended complaint				
CMPD (CNT Agents)  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES								CONDEMN	7
NAME OF INDIV	IDUAL, COMPA	ANY, CORPO	RATION. ETC.	TO SERVE OR DESC	CRIPTION C	)F PROPERTY TO	) SEIZE OK	CONDENI	
$ \underbrace{ERVE}_{\mathbf{AT}} \left\{ \underbrace{\frac{SCMPD\;(CNT)}{ADDRESS\;(Street)}}_{ADDRESS\;(Street)} \right. $	Agent 2) or RFD, Apartm	ent No., City,	State and ZIP Co.	de)					_
AT ADDRESS (Street)							,		
ND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME	AND ADDRES	S BELOW	Number of process to be				
					served wi	ith this Form 285	2		
Eric Latroy Harris, X0108400 Chatham County Detention Center						of parties to be this case	2		
1074 Carl Griffin Dr. Savannah, GA 31415					Check fo				
8					TELEPHONE	E NUMBER	DATE		
ignature of Attorney other Originat		vice on behalf		PLAINTIFF DEFENDANT					
Scott L. Poff, Clerk					om xx/D1	TE DEL O	V THIS	LINE	
SPACE BELOW FOR	R USE OF	U.S. MA	RSHAL O	NLY DO NO	)T WRI	TE BELOV	V TIIIS	Date	
I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more)				Signature of Author	Signature of Authorized USMS Deputy or Clerk Date				
than one USM 285 is submitted)		No	No			a shown in "Rema	rks" the proc	cess describe	ed
than one USM 283 is submitted)  I hereby certify and return that I on the individual, company, corpor	allon, etc., at the	addicas and in					the address	inserted belo	ow.
I hereby certify and return that	I am unable to l	ocate the indiv	idual, company, o	corporation, etc. name	d above (See	e remarks below)	itable ege o	nd discretion	n
Name and title of individual served	(if not shown ab	ove)				A person of s then residing of abode	in defendant	's usual place	e
Address (complete only different th	an shown above,	)				Date	Time		
						Signature of U.S.	Marshal or	Deputy	
		L' F	Total Charges	Advance Deposits	Amour	nt owed to U.S. Ma	ırshal* or		
Service Fee Total Mileage including ende		rding Fee	Total Charges	Advance Deposits	(Amount of Refund*)				
REMARKS:							. The I		
		50000000						NS MAY BE	CI

- 3. NOTICE OF SERVICE
- 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.
   ACKNOWLEDGMENT OF RECEIPT

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