U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DANIEL CONTRERAS RAMIREZ	COURT CASE NUMBER 5:16-cv-111
DEFENDANT WARDEN HILTON HALL, JR.	TYPE OF PROCESS PETITION AND ORDER

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

U.S. Attorney for the SDGA (Civil Process Clerk)

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*

22 Barnard Street, Suite 300, Savannah, GA 31412

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Daniel Contreras Ramirez GDC #1001165802 Coffee Correctional Facility P. O. Box 650 Nicholls, GA 31554	Number of process to be served with this Form 285	2
	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 *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold   Fold

Per Order of the Court dated 1/30/17.

Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER 912-280-1330	DATE 1/30/17

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 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)*	☐ 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:

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