

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF <b>JOEL FIGUERAS</b>	COURT CASE NUMBER 5:17-cv-12
DEFENDANT TRACY JOHNS, Warden	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  <hr/> Joel Figueras 80979-004 D. Ray James C.F. P.O. Box 2000 Folkston, GA 31537	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 2/2/17.

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 912-280-1330	DATE 2/2/17
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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. <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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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 endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: