

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

See "Instructions for Service of Process by U.S. Marshal"

FEB 16 2012
U.S. Marshals Service, EDNC

PLAINTIFF SHERRYLYN LYNN JACOBS	COURT CASE NUMBER 7:12-CV-20-FL
DEFENDANT ROBESON COUNTY PUBLIC LIBRARY, ET AL.	TYPE OF PROCESS Summons/Complaint/Waiver of Service

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 ROBESON COUNTY PUBLIC LIBRARY
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 101 N. CHESTNUT ST., LUMBERTON, NC 28358

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
	Number of parties to be served in this case	6
	Check for service on U.S.A.	

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

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

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 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Carol Smith	Date 2-16-12
--	--------------------	------------------------------	-----------------------------	---	-----------------

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)	<p style="text-align: center;">FILED</p> <p style="text-align: center;">FEB 24 2012</p> <p style="text-align: center;">DENNIS P. IAVARONE, CLERK US DISTRICT COURT, EDNC BY <u>MM</u> DEP CLK</p>	<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: 2-22-12 Time: <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy: Carol Smith

Service Fee 8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 8.00 \$0.00
---------------------	---	----------------	-----------------------	------------------	---

REMARKS: 2-21-12 CM 7011 1150 0000 9264 9022
2-24-12 See attached

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *CNS*

1. Article Addressed to:

*Robeson County Public Library
1716 N. Chestnut St.
Lumberton, N.C
28358*

712 LV 20 FL

2. Article Number
(Transfer from service label)

7011 1150 0000 9264 9022

A. Signature

x Caroline Yocke

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-22-12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF SHERRYL LYNN JACOBS		COURT CASE NUMBER 7:12-CV-20-FL	
DEFENDANT ROBESON COUNTY PUBLIC LIBRARY, ET AL.		TYPE OF PROCESS Summons/Complaint/Waiver of Service	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		RECEIVED FEB 16 2012 U.S. Marshals Service, EDNC
	ROBERT F. FISHER ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 101 N. CHESTNUT ST., LUMBERTON, NC 28358		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
		Number of parties to be served in this case	6
		Check for service on U.S.A.	

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

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

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 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Carol Smith	Date 2-16-12
---	--------------------	------------------------------	-----------------------------	---	-----------------

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)	<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 2-22-12 Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy Carol Smith	

Service Fee 800	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 800 - \$0.00
--------------------	---	----------------	----------------------	------------------	---

REMARKS: 2-21-12 CM 7011 1150 0000 9264 8988
2-24-12 see attached

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. CIVS

1. Article Addressed to:

Robert F. Fisher
 101 N Chestnut St.
 Lumberton, N.C
 28358

712 CV 20 FL

2. Article Number
 (Transfer from service label)

7011 1150 0000 9264 8988

COMPLETE THIS SECTION ON DELIVERY

A. Signature

** Ardine Jocke*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-22-12

- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes