

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"

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

TINA MELLEN-STEPP-THOMAS
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
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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 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Carol Smith	Date 2-16-12
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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 (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>KMM</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)		<table border="1"> <tr> <td>Date 2-22-12</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy Carol Smith</td> </tr> </table>	Date 2-22-12	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy Carol Smith
Date 2-22-12	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy Carol Smith					

Service Fee \$00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$00 \$0.00
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REMARKS: 2-21-12 CM 7011 1150 0000 9264 8971

2-24-12 See Attached

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

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. **CVS**

1. Article Addressed to:
 Tina Mellen-Stepp-Thomas
 101 N Chestnut St.
 Lumberton, N.C
 28358

712 CV 20 FL

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
**Caroline Jace*

B. Received by (Printed Name) C. Date of Delivery
 2-22-12

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

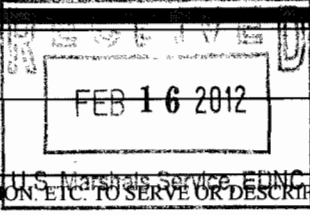
4. Restricted Delivery? (Extra Fee) Yes

7011 1150 0000 9264 8971

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	
	HORACE STACY 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

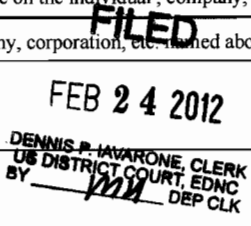
Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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 <u>1</u>	District of Origin No. <u>56</u>	District to Serve No. <u>56</u>	Signature of Authorized USMS Deputy or Clerk <u>Carol Smith</u>	Date <u>2-16-12</u>
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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. shown 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 <u>2-22-12</u> Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy <u>Carol Smith</u>

Service Fee <u>8.00</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>8.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>8.00</u> \$0.00
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REMARKS: 2-21-12 CM 7011 1150 0000 9264 9008
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. *CNS*

1. Article Addressed to:
Horace Stacy
101 N. Chestnut St.
Lumberton, N.C
28358

712 CV 20 FL

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X (Caroline) [Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ *2-20-12*

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.

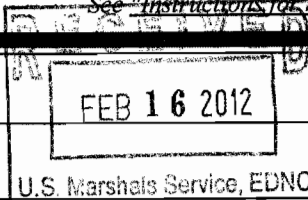
4. Restricted Delivery? (Extra Fee) Yes

7011 1150 0000 9264 9008

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

GAYLE McLEAN
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
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	Check for service on U.S.A.	

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Fold Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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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 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Carol Smith	Date 2-16-12
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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 (if not shown above)	FILED FEB 24 2012 DENNIS P. IAVARONE, CLERK US DISTRICT COURT, EDNC BY <i>[Signature]</i> DEP CLK	<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
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REMARKS: 2-21-12 CM 7011 1150 0000 9264 9015

2-24-12 See Attached

- 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

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. **CNS**

1. Article Addressed to:
 Gayle McLean
 101 N. Chestnut St
 Lumberton, N.C
 28358

7 12 CV 20 FL

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Carolyn York

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

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7011 1150 0000 9264 9015

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
	BOARD OF DIRECTORS, 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
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Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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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 2-22-12 Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy Carol Smith	

FILED
FEB 24 2012
DENNIS P. IAVARONE, CLERK
US DISTRICT COURT, EDNC
BY [Signature] DEP CLK

Service Fee \$00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$00
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REMARKS: 2-21-12 CM 7011 1150 0000 9264 8995
2-24-12 See Attached

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

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. *CMS*

1. Article Addressed to:

*Board of Directors
 Robeson County Public Library
 101 N. Chestnut St.
 Lumberton, N.C.
 28358*

712 CV 20 FL

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- 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

7011 1150 0000 9264 8995