Jacobs v. Robeson County Public Library, et al

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"

LAINTIFF HERRYL 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				
4			ORATION. ETC	C. TO SERVE OR DES	SCRIPTIO	ON OF PROPERTY TO	O SEIZE	OR CONDEMN
SERVE AT TINA MELLE ADDRESS (Street			State and ZIP (Code)				
101 N. CHES								
SEND NOTICE OF SERVICE COP					Num	ber of process to be		and the search as marketing library 1. 19
		~~~~		NP44881749814		d with this Form 285	3	
I						ber of parties to be	6	
					Chec on U	k for service .S.A.		
Signature of Attorney other Originate	or requesting serv	vice on behalf		PLAINTIFF DEFENDANT	TELEPHO	ONE NUMBER	DATE	
SPACE BELOW FOR	R USE OF	U.S. MAI	RSHAL O	NLY DO NO	T WI	RITE BELOW	THIS	LINE
acknowledge receipt for the total	Total Process	District of Origin	District to Serve	Signature of Author	ized USN	AS Deputy or Clerk		Date
Sign only for USM 285 if more than one USM 285 is submitted)	<u> </u>	No. <u>56</u>	No. 56	Carol Si	mi th			2-16-12
hereby certify and return that I on the individual, company, corpora	have personally tion, etc., at the a	served , ha	ve legal evidence above on the on	te of service, have the individual, compa	executed my, corpo	as shown in "Remarks oration, etc. shown at the	s", the pro he address	ocess described s inserted below
I hereby certify and return that I	am unable to loc	cate the individ	lual, company, c			See remarks below)		
Name and title of individual served (	if not shown abo	ve)		FILED		A person of suit then residing in of abode		
Address (complete only different that	n shown above)			FEB 2 4 20		Date	Time	
			i	US DISTRICT COURT,	CLERK EDNC	2-22-12		
				DE	P CLK	Signature of U.S. M	arshal or	Deputy
Service Fee Total Mileage Chincluding endeav		ing Fee T	otal Charges	Advance Deposits		unt owed to U.S. Marsh unt of Refund*)	nal* or	
4			8		1	\$0.0	0	
	7011 11		•	•				
₩ L-	24-12	<u> </u>	- Alf	rched				
PRINT 5 COPIES: 1. CLERK OF 2. USMS REC	THE COURT					PRIOR	EDITION	IS MAY BE US

- 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

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.	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  3-33-17				
1. Article Addressed to: Time Mellen - Stepp - Thomas INI N Chestnut St. Lumberton, N.C	D. Is delivery address different from item 1?				
28358	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.				
712 CV 20 FL	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label) 7011 1150 0000 9264 8971					
PS Form 3811, February 2004 Domestic Return Receipt 1					

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

## PROCESS RECEIPT AND RETURN

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

\$\$\tag{\psi}\psi\psi\psi\psi\psi\psi\psi\psi\psi\psi	62 (C202)	6141 		and the latest of the second of the second of		-	. # 45 J.#4 J	2883	LAGR - v
PLAINTIFF SHERRYL LYNN JACOBS			The state of the s	remainment of the	out of the control of	U	COURT CASE NUME 7:12-CV-20-FL	3ER	
EFENDANT OBESON COUNTY PUBLIC LIBRARY, ET AL.					3 2012		TYPE OF PROCESS Summons/Complain	int/Waiv	ver of Service
NAME OF INDIV	IDUAL, COMI	PANY, COR	PORATION. E	No TO SER	E UR DE	EKn	TION OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE HORACE STA	CY	-	-				•		
AT ADDRESS (Street	or RFD, Aparti	nent No., Cit	ty, State and ZI	P Code)					
101 N. CHEST	NUT ST., L	UMBERT	ON, NC 283	358					
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAN	ME AND ADD	RESS BELOV	v 		umber of process to be rved with this Form 285	3	
1							umber of parties to be rved in this case	6	
							neck for service U.S.A.		
All Telephone Numbers, and Estima	tea 11mes Avail	able for Ser	vice):						<u>Fold</u>
Signature of Attorney other Originator requesting service on behalf of:    DATE   TELEPHONE NUMBER   DATE									
				DEFENDA	ANT				
SPACE BELOW FOR	USE OF	U.S. MA	RSHAL	ONLY	DO NO	T V	VRITE BELOW	THIS	LINE
I acknowledge receipt for the total number of process indicated.	Total Process	District of	District to	Signature	of Author	ized U	SMS Deputy or Clerk		Date
(Sign only for USM 285 if more than one USM 285 is submitted)		Origin No. <u>56</u>	Serve No. <u>56</u>				2-16-12		
I hereby certify and return that I hon the individual, company, corporati	on, etc., at the a	ddress show	n above on the	on the individ	ual . compa	ınv. co	rporation, etc. shown at the	s", the pro he address	cess described inserted below.
☐ I hereby certify and return that I a			idual, company	, corporation,	etc. shaned	above	(See remarks below)		
Name and title of individual served (if not shown above)				FEB 2 4 2012 A person of suitate then residing in do of abode					
Address (complete only different than	shown above)			US DISTRICT	RONE, CLE COURT, EDI DEP C	RK VC LK	Date 7-22-12	Time	□ a
							Signature of U.S. M		
Service Fee Total Mileage Chaincluding endeavo		ng Fee	Total Charges	Advance	Deposits		nount owed to U.S. Marsh mount of Refund*)		
REMARKS: 2-21-12	CM 701	11150	3000 92	364 900	8				
2-24-17			tached		•				
1 01 577 071								EDITION	(0.1417 DE 1701

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 THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4.if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery				
1. Article Addressed to: Horace Stacy 101 N. Chestnut St. Lumberton, N.C	D. Is delivery address different from item 1?				
29358	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.				
712 CV 20 FL	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label) 7 🗓 🗎	1 1150 0000 9264 9008				
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540				

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 PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" COURT CASE NUMBER 7:12-CV-20-FL PLAINTIFF SHERRYL LYNN JACOBS FFR 1 6 2012 DEFENDANT TYPE OF PROCESS ROBESON COUNTY PUBLIC LIBRARY, ET AL. Summons/Complaint/Waiver of Service U.S. Marshals Service, EDNC NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE **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 3 served with this Form 285 Number of parties to be 6 served in this case 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 TELEPHONE NUMBER DATE Signature of Attorney other Originator requesting service on behalf of: ☐ PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk I acknowledge receipt for the total **Total Process** District of District to number of process indicated. Origin Serve (Sign only for USM 285 if more 2-16-Carol Smith No. 56 No.56 than one USM 285 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. 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 Date Time Address (complete only different than shown above) am

Forwarding Fee

7-22-12 Signature of U.S. Marshal or Deputy

\$0.00

Carol Soith Amount owed to U.S. Marshal* or (Amount of Refund*)

Advance Deposits

CM 7011 1150 0000 9264 9015

2-24-12 See Attached

Service Fee

- PRINT 5 COPIES: 1. CLERK OF THE COURT
  - 2. USMS RECORD

Total Mileage Charges

including endeavors)

- 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.

**Total Charges** 

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

pm pm

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  Yaw Flore   Agent   Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
101 N. Chestaut St	
Lumberton, N.C	
Lumberton, N.C 28358	3. Service Type □ Certified Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
112 CV 20 FL	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	311 1150 0000 9264 9015
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

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

## PROCESS RECEIPT AND RETURN

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

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service):	niber of process to be red with this Form 285 inber of parties to be red in this case rick for service J.S.A.	6
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  Nt. ser  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE 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 WILL acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more than one USM 285 if submitted)  It hereby certify and return that I \[ \] have personally served, \[ \] have legal evidence of service, \[ \tilde{\mathbb{E}}\] have execute than one USM 285 is submitted)	mber of process to be red with this Form 285 mber of parties to be red in this case reck for service J.S.A.	3 6 Silternate Addresses, Fold
AT 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  No. Set  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:  PLAINTIFF  DEFENDANT  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W.  I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed.  In have personally served, have legal evidence of service, have executed.	nber of parties to be red in this case  sek for service J.S.A.	6  **Meternate Addresses,**  Fold  Fold  The state of the
AT 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  No. Set  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE  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 W.  I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed.  In have personally served, have legal evidence of service, have executed.	nber of parties to be red in this case  sek for service J.S.A.	6  **Meternate Addresses,**  Fold  Fold  The state of the
SEEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Note of the control of the	nber of parties to be red in this case  sek for service J.S.A.	6  **Meternate Addresses,**  Fold  Fold  The state of the
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE 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 W. I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I \[ \begin{array}{c} \text{have personally served}, \[ \end{array} \] have legal evidence of service. \[ \end{array} \] have execute	nber of parties to be red in this case  sek for service J.S.A.	6  **Meternate Addresses,**  Fold  Fold  The state of the
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE 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 W. I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed.	red in this case  cck for service  J.S.A.  (Include Business and A	Alternate Addresses,  Fold
Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W. acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have execute on behalf of:  DEFENDANT  TELEPTORY  PLAINTIFF DEFENDANT  DISTRICT TO DISTRICT TO Signature of Authorized Using the process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I have personally served, have legal evidence of service, have executed.	J.S.A. <u>Include Business and A</u>	Fold
Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W. I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed.		Fold
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W. 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 Serve No. 56		
(Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I $\square$ have personally served, $\square$ have legal evidence of service, $\square$ have execute		THIS LINE  Date
I hereby certify and return that I $\square$ have personally served , $\square$ have legal evidence of service, $\cancel{w}$ have execute 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 .		2-16-12
	d as shown in "Remarks poration, etc. shown at th	", the process described e 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		able age and discretion defendant's usual place
Address (complete only different than shown above)	Date 2 - 1 2	Time
DENNIS P. IAVARONE CLERK BY DISTRICT COURT, EDNC DEP CLE	Signature of U.S. Ma	urshal or Deputy
	ount owed to U.S. Marsh ount of Refund*)	al* or
REMARKS: 2-21-12 CM 7011 1150 0000 9264 8995	To or	

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 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.	A. Signature    Agent   Addressee     Addres
Lumberton, N.C 28358	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
712 CV 20 FL	4. Restricted Delivery? (Extra Fee) Yes
Article Number     (Transfer from service label)	11 1150 0000 9264 8995
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540