

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>USA</b>	COURT CASE NUMBER <b>3:00 CR 158(AWT)</b>
DEFENDANT <b>Niguel Machuca</b>	TYPE OF PROCESS <b>Order to Show Cause</b>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Gordon Hall, Asst. U.S. Attorney</b>
<b>AT</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>157 Church St New Haven, CT 06510</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <b>Office of the Clerk U.S. District Court 450 Main St Hartford, CT 06103</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>1</b>
	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 or other Originator requesting service on behalf of: <b>By: Maryk Wiggins, Deputy in Charge</b>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>860-240-3200</b>	DATE <b>12/15/04</b>
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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 first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>14</b>	District to Serve No. <b>14</b>	Signature of Authorized USMS Deputy or Clerk <b>R. Lemin</b>	Date <b>12/14/04</b>
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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 or 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) <b>Lois ZABEL, Secy</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>12/16/04 12:25 pm</b>
	Signature of U.S. Marshal or Deputy <b>R. Lemin</b>

Service Fee <b>45,-</b>	Total Mileage Charges (including endeavors) <b>-</b>	Forwarding Fee <b>-</b>	Total Charges <b>45,-</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>0</b>	Amount of Refund
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

**1. CLERK OF THE COURT**

FORM USM-285 (Rev. 12/15/80)