

PLAINTIFF Shekeira Williams, et al.	COURT CASE NUMBER 13-cv-10083-FDS
DEFENDANT Luis S. Spencer, et al.	TYPE OF PROCESS Civil

**SERVE** → **AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Luis S. Spencer, Commissioner of Correction**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**50 Maple Street, Suite 3, Milford, Ma. 01757-3698**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Shekeira Williams 16 Stockton Street Dorchester, Ma. 02124	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 9
	Check for service on U.S.A.

2013 APR 2  
RECEIVED  
U.S. MARSHAL SERVICE  
BOSTON, MA  
FOLD

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):  
 I am not too sure of his work hours but I would believe that his work hours may be between 9 a.m. thru 5 p.m. on Monday-Friday

Signature of Attorney or other Originator requesting service on behalf of: Shekeira Williams  PLAINTIFF  DEFENDANT  
 TELEPHONE NUMBER: 617-676-7889 DATE: 4/1/13

**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 <u>6</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>MP</u>	Date <u>4/23/13</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 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): Danielle Moreira - Comm. Assistant

Address (complete only if different than shown above):

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service: 5/7/13 Time: 12:00 pm

Signature of U.S. Marshal or Deputy: [Signature]

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: