

PLAINTIFF Brian David Hill	COURT CASE NUMBER 4:17CV00027
DEFENDANT Executive Office for United States Attorneys, et al.	TYPE OF PROCESS Summons and Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Executive Office for United States Attorneys
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
600 East Street, NW, Suite 7300, Bicentennial Building, Washington, DC 20530

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Brian David Hill, Pro Se Plaintiff 310 Forest Street, Apt. 2 Martinsville, VA 24112	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	3
	Check for service on U.S.A.	X

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

Copy of Order to Proceed Without Prepaying Fees or Costs signed by Judge Jackson L. Kiser attached.

Signature of Attorney other Originator requesting service on behalf of: <i>M. S. Hep, Deputy Clerk</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 434-793-7147, ext. 1	DATE 5/8/2017
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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	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

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 _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

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

REMARKS:

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. Receipts returned to the U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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

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United States Department of Justice
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
600 East Street, NW, Suite 7300, Bicentennial Building, Washington, DC 20530

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Signature of Attorney other Originator requesting service on behalf of: <i>M. S. Hupp, Deputy Clerk</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 434-793-7147, ext. 1	DATE 5/8/2017
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 United States Attorney
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 P.O. Box 1709, Roanoke, VA 24008

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