

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

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**WASHINGTON FEDERAL POSTAL SERVICE**

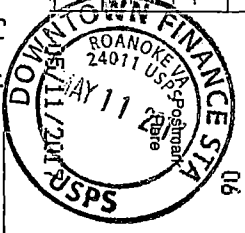
Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee if appropriate) \$7.75

- Return Receipt (hardcopy) \$0.00
- Return Receipt (electronic) \$0.00
- Certified Mail Restricted Delivery \$0.00
- Adult Signature Required \$0.00
- Adult Signature Restricted Delivery \$0.00

Postage \$7.20

Tracking Number \$14.47 CV00027



United States Department of Justice

600 East St, NW, Suite 7300

Bicentennial Building

Washington, DC 20530

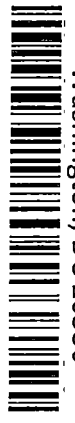
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:  
4:17CV00027

United States Department of Justice  
600 East St, NW, Suite 7300  
Bicentennial Building  
Washington, DC 20530

9590 9402 2403 6249 7273 38



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent

B. Received by *[Handwritten: RY/Printed: RY]*  Addressee  
*[Handwritten: MAY 13 2011]* C. Date of Delivery

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

2. Article Number: (Transfer from service label)  
7016 2140 0000 5877 0741

Restricted Delivery

PLAINTIFF Brian David Hill	<b>RECEIVED U.S. MARSHALS SERVICE ROANOKE, VA</b>	COURT CASE NUMBER 4:17CV00027
DEFENDANT Executive Office for United States Attorneys, et al	<b>2017 MAY 10 A 10: 27</b>	TYPE OF PROCESS Summons and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
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

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 Office U.S. Dist. Court AT ROANOKE, VA  
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. **MAY 19 2017**

JULIA DUDLEY, CLERK  
BY: *[Signature]*  
DEPUTY CLERK

Signature of Attorney other Originator requesting service on behalf of: <i>M. A. Hepp, 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 <u>1</u>	District of Origin No. <u>004</u>	District to Serve No. <u>004</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 5/10/17
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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)	<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>5/15/17</u> Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
		\$8.00	\$8.00		\$0.00

REMARKS: mailed 5/11/17

**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 due. Please submit payment to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Civil Action No. 4:17CV00027

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* US DOJ  
was received by me on *(date)* 05/10/2017

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_ ; or

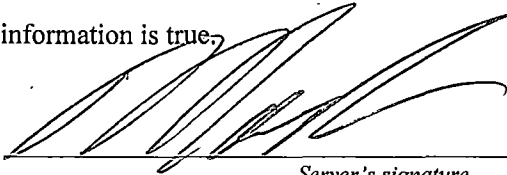
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_  
\_\_\_\_\_

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 5/19/17

  
\_\_\_\_\_  
*Server's signature*

Matthew Woods, Purchasing Agent  
*Printed name and title*

PO Box 2280 Roanoke, VA 24009  
*Server's address*

Additional information regarding attempted service, etc:

RECEIVED  
U.S. MARSHALS SERVICE  
ROANOKE, VA

UNITED STATES DISTRICT COURT

for the

Western District of Virginia

2017 MAY 10 A 10: 27

Brian David Hill

Plaintiff

v.

Executive Office for United States Attorneys; United  
States Department of Justice

Defendant

Civil Action No. 4:17CV00027

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) United States Department of Justice (U.S. DOJ)  
600 East Street, NW, Suite 7300, Bicentennial Building  
Washington, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — or 120 days for Social Security Cases filed pursuant to 42 USC 405(g) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Brian David Hill (Brian D. Hill), Pro Se Plaintiff  
310 Forest Street, Apartment 2  
Martinsville, VA 24112

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 5/8/2017

*[Handwritten Signature]*  
Signature of Clerk or Deputy Clerk