UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| Aafia Siddiqui | |
|---|--|
| Plaintiff |) |
| v. |) Civil Action No. 1:21-cv-2455 |
| Federal Bureau of Prisons |) |
| Defendant |) |
| SUMMO | ONS IN A CIVIL ACTION |
| To: (Defendant's name and address) DOJ Federal 320 First Ave Washington I | enue, NW |
| A lawsuit has been filed against you. | |
| serve on the plaintiff an answer to the attached | nmons on you (not counting the day you received it) you must complaint or a motion under Rule 12 of the Federal Rules of the served on the plaintiff or plaintiff's attorney, whose name and |
| If you fail to respond, judgment by defa complaint. You also must file your answer or r | ault may be entered against you for the relief demanded in the motion with the court. |
| | ANGELA D. CAESAR, CLERK OF COURT |
| Date: | |
| | Signature of Clerk or Deputy Clerk |
| | |

FOIA Summons (1/13) (Page 2)

Civil Action No. 1:21-cv-2455

PROOF OF SERVICE

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

| | This summons for (nar | ne of individual and title, if any) | | | | |
|--------|---|-------------------------------------|---------------------------------|------|--|--|
| was re | ceived by me on (date) | <u> </u> | | | | |
| | ☐ 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 | | | | | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I returned the sumr | mons unexecuted because | | ; or | | |
| | ☐ Other (specify): | | | | | |
| | | | | | | |
| | | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | |
| | | | | | | |
| | I declare under penalty of perjury that this information is true. | | | | | |
| ъ. | | | | | | |
| Date: | | | Server's signature | | | |
| | | | | | | |
| | | | Printed name and title | | | |
| | | | | | | |
| | | | | | | |
| | | | Server's address | | | |

Additional information regarding attempted service, etc: