FOIA Summons 1/13

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

Center for Inquiry, Inc.)
Plaintiff))
V.)
Dept. of Health and Human Services, et al.)
Defendant)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Matthew M. Graves c/o Civil Process Clerk United States Attorney's Office

555 Fourth Street, N.W. Washington, DC 20530

A lawsuit has been filed against you.

Within 30 days after service of this summons on you (not counting the day you received it) 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:

Aaron D. Green Center for Inquiry, Inc. 1012 14th Street NW, Suite 205 Washington, DC 20005 202-733-5275 x 520 agreen@centerforinquiry.org

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

ANGELA D. CAESAR, CLERK OF COURT

Date:

Signature of Clerk or Deputy Clerk

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PROOF OF SERVICE

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

	This summons for (no	ame of individual and title, if any)				
was rec	ceived by me on (date)					
	□ I personally served the summons on the individual at <i>(place)</i>					
				; 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 <i>(name of individual)</i> , who i designated by law to accept service of process on behalf of <i>(name of organization)</i>					
			on (date)	; or		
	□ I returned the sum	mons unexecuted because		_		
	□ 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.					
D (
Date:	Server's signature					
			Printed name and title			

Server's address

Additional information regarding attempted service, etc: