

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the Northern District of Florida

STATE OF FLORIDA,

Plaintiff

v.

UNITED STATES DEPARTMENT OF JUSTICE; and UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES,

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: U.S. Department of Justice Justice Management Division 950 Pennsylvania Avenue, NW Room 1111 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) — 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:

State of Florida Natalie Christmas Office of the Attorney General PL-01 The Capitol Tallahassee, FL 32399-1050

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: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

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)* _____ was received by me on *(date)* _____.

- 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 \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

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

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

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STATE OF FLORIDA,

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UNITED STATES DEPARTMENT OF JUSTICE; and UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES,

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Centralized Case Management Operations, Room 509F HHH Bldg.
Washington, D.C. 20201
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) — 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:

State of Florida
Natalie Christmas
Office of the Attorney General
PL-01 The Capitol, Tallahassee, FL 32399-1050

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:

Signature of Clerk or Deputy Clerk

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