UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

THE HO	DLLAND LAW FIRM	
	Plaintiff)	
	PARTMENT OF HEALTH AND HUMAN ES AND CENTERS FOR MEDICARE AND	Civil Action No.
WEDIO	Defendant)	l
	SUMMONS II	N A CIVIL ACTION
To: (1	Defendant's name and address) U.S. Attorney's Offi Attn: Civil Process 601 D. Street NW Washington, DC 20	Clerk
Α	A lawsuit has been filed against you.	
serve on	the plaintiff an answer to the attached compocedure. The answer or motion must be serv	on you (not counting the day you received it) you must laint or a motion under Rule 12 of the Federal Rules of ed on the plaintiff or plaintiff's attorney, whose name and
	f you fail to respond, judgment by default mant. You also must file your answer or motion	ny be entered against you for the relief demanded in the n with the court.
		ANGELA D. CAESAR, CLERK OF COURT
Date:		
		Signature of Clerk or Deputy Clerk

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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 (nat	me of individual and title, if any)				
was re	ceived by me on (date)					
	☐ I personally served	I the summons on the indivi	dual at (place)			
			on (date)	; or		
	☐ I left the summons at the individual's residence or usual place of abode with (name)					
	on (date), a person of suitable age and discretion who resides there, and mailed a copy to the individual's last known address; or					
	, who is					
	☐ I served the summons on (name of individual) , w designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the sum	; or				
	Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	T 1 1 1 1	6 . 4 .4: .6				
	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: