FOIA Summons 1/13

## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

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THE LANIER LAW FIRM
Plaintiff
U.S DEPARTMENT OF HEALTH AND HUMAN
SERVICES AND CENTERS FOR MEDICARE AND
MEDICAID SERVICES
Defendant

Civil Action No.

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) U.S. Department of Health and Human Services 200 Independence Ave., SW Washington, DC 20201

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: (

Charles A. Munn Nelson Mullins Riley & Scarborough 101 Constitution Avenue, NW Suite 900 Washington, D.C., 20001

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 (na	ume 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> )					
	on (date)			; or		
	I left the summons at the individual's residence or usual place of abode with ( <i>name</i> )					
	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 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
	<b>Other</b> ( <i>specify</i> ):					
	My fees are \$	for travel an	nd \$	_ for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.					
Date:						
Date.				Server's signature		
				Printed name and title		

Server's address

Additional information regarding attempted service, etc: