UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| | TORTHE | DISTRICT OF C | OLUMBIA |
|-------|--|---------------------|--|
| | | | |
| | Plaintiff | .) | |
| | v. |))) | Civil Action No. |
| | Defendant | -) | |
| | SUMMO | ONS IN A CIVIL A | ACTION |
| То: | (Defendant's name and address) | | |
| | | | |
| | | | |
| | A lawsuit has been filed against you. | | |
| | on the plaintiff an answer to the attached Procedure. The answer or motion must be | l complaint or a mo | counting the day you received it) you must tion under Rule 12 of the Federal Rules of intiff or plaintiff's attorney, whose name and |
| | | | |
| | | | |
| | | | |
| compl | If you fail to respond, judgment by defalaint. You also must file your answer or | | against you for the relief demanded in the urt. |
| | | ANGI | ELA D. CAESAR, CLERK OF COURT |
| Dat- | | | |
| Date: | | | Signature of Clerk or Deputy Clerk |

FOIA Summons (12/11) (Page 2)

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 (na | ame of individual and title, if any) | | | | | |
|--------|--|--|---------------------------------|------|--------|--|--|
| was re | ceived by me on (date) | | | | | | |
| | ☐ I personally served | d the summons on the individual at (| place) | | | | |
| | | | on (date) | ; or | | | |
| | ☐ I left the summons | s at the individual's residence or usu | al 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 summ | ons on (name of individual) | | , | who is | | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | | |
| | | | on (date) | | | | |
| | ☐ I returned the sum | | ; 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: