UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

Reporters Committee for Freedom of the Press

| | Plaintiff |))) |
|-------|---|---|
| | v. Ieral Bureau of Investigation and ted States Department of Justice |) Civil Action No.) |
| | Defendant | |
| | SUMMO | ONS IN A CIVIL ACTION |
| To: | (Defendant's name and address) | |
| | U.S. Attorney Civil Process Clerk 555 4th Street, NW Washington, DC 20530 | |
| | A lawsuit has been filed against you. | |
| Civil | on the plaintiff an answer to the attached | nmons on you (not counting the day you received it) you must complaint or a motion under Rule 12 of the Federal Rules of be served on the plaintiff or plaintiff's attorney, whose name and |
| | Katie Townsend The Reporters Committee for Freedom o 1156 15th St. NW, Suite 1250 Washington, DC 20005 | f the Press |
| comp | If you fail to respond, judgment by defa plaint. You also must file your answer or | ault may be entered against you for the relief demanded in the motion with the court. |
| | | ANGELA D. CAESAR, CLERK OF COURT |
| 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 (1))

| | | ame of individual and title, if any) | | | | |
|--------|--|--------------------------------------|---------------------------------|----------|--|--|
| was re | ceived 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 designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ; or | | | | |
| | ☐ I returned the sum | ; or | | | | |
| | ☐ 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. | | | | | |
| Date: | | | | | | |
| Date. | | | Server's signature | | | |
| | | | Printed name and title | | | |
| | | | Server's address | <u> </u> | | |

Additional information regarding attempted service, etc: