UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| | FOR THI | E DISTRICT OF COLUMBIA |
|-------|--|--|
| | | |
| | Plaintiff | |
| | v. |)) Civil Action No.) |
| | Defendant | |
| | SUMM | IONS IN A CIVIL ACTION |
| То: | (Defendant's name and address) | |
| Civil | on the plaintiff an answer to the attache | ammons on you (not counting the day you received it) you must and complaint or a motion under Rule 12 of the Federal Rules of be served on the plaintiff or plaintiff's attorney, whose name and |
| comp | If you fail to respond, judgment by de laint. You also must file your answer or | fault may be entered against you for the relief demanded in the remotion with the court. |
| | | ANGELA D. CAESAR, 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 | ne 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 | | | | | |
| | | ons on (name of individual) | | | , who is | | |
| | designated by law to a | esignated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | on (date) | ; or | | | |
| | ☐ I returned the summ | | ; or | | | | |
| | ☐ Other (specify): | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | | | | |
| I dealers under nonalty of narium, that this information is true | | | | | | | |
| | I declare under penalty of perjury that this information is true. | | | | | | |
| D / | | | | | | | |
| Date: | | | Server's signature | | | | |
| | | | | | | | |
| | | | Printed name and title | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Server's address | | | | |

Additional information regarding attempted service, etc: