## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| Mario Di  | ion Woodward           |   | )                                      |   |    |
|---|------------------------|---|--|---|----|
|   | Plaintiff              |   | )                                      |   |    |
| v.  |                        |   | )                                      | Civil Action No.                                |    |
| U.S. Department of Ju   | ustice, Civil Rights D | Division a  | )                                      |   |    |
|   | Defendant              |   | )                                      |   |    |
|   | S                      | SUMMONS   | S IN A CIVIL A                         | ACTION  |    |
| To: (Defendant's no   | Att<br>U.\$<br>559     | sse K. Liu, U.<br>n: Civil Proce<br>S. Attorney's 0<br>5 4th Street N<br>ashington, D.0 | ess Clerk<br>Office for the Dist<br>NW | strict of Columbia                              |    |
| A lawsuit has   | s been filed agains    | st you.   |  |   |    |
| Within 30 days after service of this summon serve on the plaintiff an answer to the attached common Civil Procedure. The answer or motion must be set address are:  John P. Kennedy Reed Smith LLP 599 Lexington Avenue, 22nd Flot New York, NY 10022 |                        |   | nplaint or a mot<br>erved on the plai  | tion under Rule 12 of the Federal Rules of      | ıd |
| If you fail to complaint. You also  | 1 10 0                 | •   | •                                      | against you for the relief demanded in the urt. |    |
|   |                        |   | ANGE                                   | ELA 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))

| was ro | This summons for (name ceived by me on (date)  | ne of individual and title, if any) |                                 |      |  |  |  |  |
|--------|--|-------------------------------------|---------------------------------|------|--|--|--|--|
| was re | cerved by the on (date)  |                                     |                                 |      |  |  |  |  |
|        | ☐ I personally served  | the summons on the individ          | ual 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 |                                     |                                 |      |  |  |  |  |
|        |  |                                     |                                 |      |  |  |  |  |
|        | $\square$ I served the summons on (name of individual) , wh  |                                     |                                 |      |  |  |  |  |
|        | designated by law to accept service of process on behalf of (name of organization)   |                                     |                                 |      |  |  |  |  |
|        |  |                                     | on (date)                       | ; or |  |  |  |  |
|        | ☐ I returned the summ  | mons unexecuted because             |                                 | ; 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:  |  |                                     | Server's signature              |      |  |  |  |  |
|        |  |                                     |                                 |      |  |  |  |  |
|        |  | Printed name and title              |                                 |      |  |  |  |  |
|        |  |                                     |                                 |      |  |  |  |  |
|        |  |                                     |                                 |      |  |  |  |  |
|        |  |                                     | Server's address                |      |  |  |  |  |

Additional information regarding attempted service, etc: