

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF VERNON ROBERTS	COURT CASE NUMBER 19-cv-01306-RC
DEFENDANT OFFICE OF JUSTICE PROGRAMS	TYPE OF PROCESS Summons & Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
OFFICE OF JUSTICE PROGRAMS
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
810 7TH STREET NW, ROOM 5400, WASHINGTON, DC 20531

RECEIVED NOV 28 11:21 AM '19
U.S. MARSHAL - DC PM12:2

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW VERNON ROBERTS #18-B-1489 FIVE POINTS CORRECTIONAL FACILITY STATE ROUTE 96 P.O.BOX 119 ROMULUS, NEW YORK 14541	Number of process to be served with this Form 285 1 Number of parties to be served in this case 3 Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (202) 354-3120	DATE 05/23/2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No 14	District to Serve No 14	Signature of Authorized USMS Deputy or Clerk	Date 05/24/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.
 I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) WILLIAM NEWTON, ASST. GEN. COUNSEL	Date 5/24/19	Time 830	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy [Signature] 4259
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Service Fee [Signature]	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 65-	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

RECEIVED
JUL 31 2019
Clerk, U.S. District and Bankruptcy Courts