UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| | Plaintiff |)) (ivil Action No. |
|---------------|---|--|
| <u>United</u> | v. <u>I States Department of Justice, et al.</u> <i>Defendant</i> |) Civil Action No.) |
| | 2 ejemaani | , |
| | | SUMMONS IN A CIVIL ACTION |
| To: | (Defendant's name and address) | United States Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530 |
| | A lawsuit has been filed aga | nst you. |
| Civil | on the plaintiff an answer to the | of this summons on you (not counting the day you received it) you must be attached complaint or a motion under Rule 12 of the Federal Rules of ion must be served on the plaintiff or plaintiff's attorney, whose name and |
| | | Christine Lehmann Louisiana Capital Assistance Center 636 Baronne Street New Orleans, LA 70113 |
| comp | | ent by default may be entered against you for the relief demanded in the answer or motion 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 (nar | ne of individual and title, if any) | | | | | |
|---------|--|-------------------------------------|---------------------------------|------|------|--|--|
| was rec | 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 summo | | , who is | | | | |
| | designated by law to | half of (name of organization) | | _ | | | |
| | | | on (date) | ; or | | | |
| | ☐ I returned the summons unexecuted because | | | | ; or | | |
| | ☐ Other (<i>specify</i>): | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 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 | | | | |
| | | | server's signulare | | | | |
| | | | Printed name and title | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Server's address | | | | |

Additional information regarding attempted service, etc: