

U.S. Department of Justice
United States Marshals Service

Case 1:05-cv-01514-RCL Document 58 Filed 10/23/06 Page 1 of 4

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Simon Banks		COURT CASE NUMBER 05-1514 ESH
DEFENDANT Devon Brown, et al		TYPE OF PROCESS Summons in a Civil Action
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Robert Clay, Warden, DC Jail (Individual Capacity)	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1901 D St., SE, Washington, DC 20003	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

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):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	☐ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER	DATE
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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 first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 16	District to Serve No. 16	Signature of Authorized USMS Deputy or Clerk <i>Harold T. [Signature]</i>	Date 10/4/06
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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 or 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)	☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 10/10/06
	Time 10:30 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i> 3383

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

CURRENT WARDEN: WILLIAM J. SMITH (Clay no longer @ Jail)

U.S. Department of Justice
United States Marshals Service

Case 1:05-cv-01514-RCL Document 59 Filed 10/23/06 Page 2 of 4

PROCESS RECEIPT AND RETURN

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PLAINTIFF Simon Banks	COURT CASE NUMBER 05-1514 ESH
DEFENDANT Devon Brown, et al	TYPE OF PROCESS Summons in a Civil Action
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Robert Clay, Warden - D.C. Jail (Official Capacity) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1901 D Street, SE, Washington, DC 20003

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Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 16	District to Serve No. 16	Signature of Authorized USMS Deputy or Clerk <i>Frank R. Tallman</i>	Date 10/4/06
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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
10/10/06
Time
10:30
am
pm

Signature of U.S. Marshal or Deputy
[Signature] **2383**

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

CHIEF WARDEN: WILLIAM J. SMITH (Clay no longer @ Jail) (202-671-2042 General Counsel)
1923 Vermont Ave, NW

U.S. Department of Justice
United States Marshals Service

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PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Simon Banks		COURT CASE NUMBER 05-1514 ESH
DEFENDANT Devon Brown, Et al		TYPE OF PROCESS Summons in a Civil Action
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Fozia Abdulwahab, Med'l. Dir. -CTF (OFFICIAL CAPACITY)	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1901 E St., SE, Washington, DC 20003	
AT		

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Fold

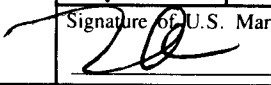
Signature of Attorney or other Originator requesting service on behalf of: 2006	☐ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER	DATE
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☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 10/10/06
	Time 1030 am pm
	Signature of U.S. Marshal or Deputy  3383

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

ENDEAVORED 10-18-06 - DON PAUL (IA INVESTIGATOR) TO CALL BACK AND IDENTIFY WHEREABOUTS (202-841-1345)

U.S. Department of Justice
United States Marshals Service

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PLAINTIFF

Simon Banks

DEFENDANT

Devon Brown, et al

COURT CASE NUMBER

05-1514 ESH

TYPE OF PROCESS

Summons in a Civil Action

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Dr. Fozia Abdulwahab, Medical Director CTF (Individual Capacity)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

1901 E St., SE, Washington, DC 20003

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285

Number of parties to be served in this case

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Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

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I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. **16**

District to Serve

No. **16**

Signature of Authorized USMS Deputy or Clerk

Francis J. Teller

Date

10/4/06

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 or 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)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am pm

Signature of U.S. Marshal or Deputy

Robert 3383

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

ENDEAVORED 10-18-06 - DON PAUL (IA INVESTIGATOR) TO CALL BACK AND IDENTIFY (202-841-1345)