## **INSTRUCTIONS FOR COMPLETING USM-285, PROCESS RECEIPT AND RETURN**

- The Form USM-285 is a five-copy form set designed as a control document for process served by a U.S. Marshal or designee. Process may include, but is not limited to, a summons and complaint, subpoena, writ, or court order. The United States Marshals Service (USMS) is authorized by law (28 U.S.C. §1921) to charge fees for the service of process. The amount of fees charged is established by regulation (28 C.F.R. §0.114). Except in cases where the litigant has been granted permission by the court for waiver of prepayment of fees and costs, the USMS must request advance payment of the estimated fees and expenses for service of process.
- Please type or print legibly. Submit one copy of the Form USM-285 and one copy of each process for each individual, company, corporation, government agency, etc., to be served or property to be seized.
- In cases where the court has directed the USMS to effect service of a summons and complaint upon an officer or agent of the United States Government, submit a copy of the summons and complaint and Form USM-285 for each officer or agent upon whom service is desired. Submit two (2) additional copies of the summons and complaint for service upon the Government of the United States. The U.S. Marshal or designee will serve one copy upon the U.S. Attorney and will forward the other copy to the Attorney General of the United States. (When the applicable box is checked, completion of the final signature block by the U.S. Marshal or designee certifies service on the U.S. Attorney and the U.S. Attorney and the U.S. Attorney General, regardless of whether other defendants on the summons were served). Failure to provide sufficient copies will delay service of the summons.
- Mark all applicable check boxes and use the "Special Instructions" to advise of any information that will assist the USMS in expediting service. You are responsible for providing accurate and sufficient information that will identify the individual or entity to be served or the property to be seized.
- If more than one item of process and Form USM-285 is submitted on a single case, the U.S. Marshal or designee will receipt for all of them on the first Form USM-285. You will receive for your records the "Acknowledgment of Receipt" copy for all the USM-285 forms you submit. When the process is served, you will receive the "Notice of Service" copy. This copy will be identical to the return to the Clerk of the U.S. District Court.
- Upon completion of all services, you will receive a "Billing Statement" copy of Form USM-285. You should return this "Billing Statement" copy to the USMS, together with your payment, in the form of a certified or bank check payable to the U.S. Marshal, for any amounts still owed. Alternatively, the USMS will accept cash. The USMS will not accept personal checks.
- Additional USM-285 forms may be obtained, without cost, from the Clerk of the U.S. District Court, U.S. Marshal, or printed from <u>http://www.usmarshals.gov/process/usm 285.pdf</u>.

## USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

## **U.S. Department of Justice**

United States Marshals Service

## **PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

| PLAINTIFF   |  |                                  |                       |                      |                        | COURT CASE NUMBER |   |              |           |          |
|---|--|----------------------------------|-----------------------|----------------------|------------------------|-------------------|---|--------------|-----------|----------|
| DEFENDANT   |  |                                  |                       |                      |                        | ,                 | TYPE OF PROCESS   |              |           |          |
|   | NAME OF INDI   | VIDUAL, COM                      | IPANY, COF            | RPORATION. ET        | C. TO SERVE OR DE      | ESCRIPTIO         | ON OF PROPERTY T  | O SEIZE      | OR CONI   | DEM      |
| SERVE   | ADDRESS (Stre  | et or RFD Ana                    | tment No. C           | ity, State and ZIP   | Code)                  |                   |   |              |           |          |
| AT  |  | er or 10 D, 11pur                | <i>intent</i> 110., e | ny, Shale and Zh     | couc)                  |                   |   |              |           |          |
| SEND NOTICE   | E OF SERVICE COP   | PY TO REQUESTER AT NAME AND ADD  |                       |                      | ESS BELOW              |                   | Number of process to be served with this Form 285                                   |              |           |          |
| I   |  |                                  |                       |                      |                        |                   | ber of parties to be<br>d in this case  |              |           |          |
|   | _  |                                  |                       |                      |                        | Chec<br>on U      | k for service<br>S.A.   |              |           |          |
|   | TRUCTIONS OR O<br>Numbers, and Estim                           |                                  |                       |                      | ' IN EXPEDITING SE     | ERVICE ( <u>1</u> | nclude Business and   | Alternate 2  | Addresses | 1        |
| <br> -  | i (unio or s, unu Esun   |                                  | indote for se         |                      |                        |                   |   |              |           | Fo       |
|   |  |                                  |                       |                      |                        |                   |   |              |           |          |
|   |  |                                  |                       |                      |                        |                   |   |              |           |          |
|   |  |                                  |                       |                      |                        |                   |   |              |           |          |
|   |  |                                  |                       |                      |                        |                   |   |              |           |          |
| Signature of Attorney other Originator requesting service on behalf of: |  |                                  |                       |                      |                        | TELEPHO           | NE NUMBER   | DATE         |           |          |
| ingliance of rationary other origination requesting service on          |  |                                  |                       |                      | DEFENDANT              |                   |   |              |           |          |
|   |  |                                  | ILC M                 |                      |                        |                   |   |              |           | 7        |
|   |  |                                  | 1                     | 1                    | NLY DO N               |                   |   |              | 1         | <u>_</u> |
| acknowledge receipt for the total number of process indicated.          |  | Total Process District of Origin |                       | District to<br>Serve | Signature of Author    | orized USN        | IS Deputy or Clerk  |              | Date      |          |
| (Sign only for USM 285 if more<br>than one USM 285 is submitted)        |  |                                  | No                    | No                   |                        |                   |   |              |           |          |
|   |  | h                                |                       |                      | ce of service, have    |                   |   | -" 41        |           |          |
|   |  |                                  |                       |                      | the individual, comp   |                   |   |              |           |          |
| I hereby ce   | rtify and return that  | I am unable to lo                | ocate the indi        | vidual, company, o   | corporation, etc. name | d above (S        | ee remarks below)   |              |           |          |
| Name and title of individual served (if not shown above)                |  |                                  |                       |                      |                        |                   | A person of suitable age and discretion<br>then residing in defendant's usual place |              |           |          |
|   |  |                                  |                       |                      |                        |                   | of abode  |              | 1         |          |
| A 11 (1   |  |                                  |                       |                      |                        |                   |   |              |           |          |
| Address (compl  | ete only different tha   | n shown above)                   |                       |                      |                        |                   | Date  | Time         |           |          |
| Address (compl  | ete only different tha   | n shown above)                   |                       |                      |                        |                   | Date<br>Signature of U.S. M   |              | Deputy    |          |
| Address (compl  | ete only different tha   | n shown above)                   |                       |                      |                        |                   |   |              | Deputy    |          |
|   | ete only different tha<br>Total Mileage Cl<br>including endeav | harges Forward                   | ling Fee              | Total Charges        | Advance Deposits       |                   |   | larshal or I | Deputy    |          |
| Service Fee   | Total Mileage Cl   | harges Forward                   | ling Fee              | Total Charges        | Advance Deposits       |                   | Signature of U.S. M   | larshal or I | Deputy    |          |
| Service Fee   | Total Mileage Cl   | harges Forward                   | ding Fee              | Total Charges        | Advance Deposits       |                   | Signature of U.S. M   | larshal or I | Deputy    |          |
| Service Fee   | Total Mileage Cl   | harges Forward                   | ling Fee              | Total Charges        | Advance Deposits       |                   | Signature of U.S. M   | larshal or I | Deputy    |          |
| Service Fee<br>REMARKS:   | Total Mileage Cl   | harges Forward                   | ling Fee              | Total Charges        | Advance Deposits       |                   | Signature of U.S. M<br>   | larshal or I |           |          |

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT