

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

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

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

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <hr style="border-top: 1px dashed black;"/> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <hr style="border-top: 1px dashed black;"/>	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 other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> 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. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	_____	No. _____	No. _____	_____	_____

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 (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

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

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
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

PRIOR EDITIONS MAY BE USED

USM 285 Instructions

1. Print the name of the only plaintiff or the name of the first of several plaintiffs listed in the caption of the complaint.
2. Print the name of the only defendant or the name of the first of several defendants listed in the caption of the complaint. Even if you are serving several defendants, this line stays the same on every USM-285.
3. Print the name and address of the particular person to be served. If you are serving many defendants, these lines will be different on each USM-285; i.e.: #3 will be different from #2, except for the first named defendant.
4. Leave blank.
5. Print "Summons and Complaint."
6. Print your name and address.
7. Typically "two".
8. Fill in the number of process served with this form.
9. Check only if the United States is a defendant.
10. Fill in only if necessary.
- 11-14 Sign, mark plaintiff or defendant, fill in your telephone number, and print the date.

PLAINTIFF #1	COURT CASE NUMBER #4
DEFENDANT #2	TYPE OF PROCESS #5
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN #3 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) #3	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
#6	Number of process to be served with this Form 285 #7
#6	Number of parties to be served in this case #8
#6	Check for service on U.S.A. #9
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): #10	
#12	
Signature of Attorney other Originator requesting service on behalf of: #11	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
TELEPHONE NUMBER #13	DATE #14