

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the



John Eakin

Plaintiff(s)

v.

United States Department of Defense

Defendant(s)

Civil Action No.

SA16CA0972XR

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

U.S. Department of Justice
Asst Attorney General For Administration
Justice Management Division
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John Eakin
9865 Tower View
Helotes, Texas 78023

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT Jeannette J. Clack

Date: SEP 30 2016

Handwritten signature of Jeannette J. Clack
Signature of Clerk or Deputy Clerk

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Civil Action No. \_\_\_\_\_

(This section should not be completed by the sender)

This summons for (name of individual) \_\_\_\_\_  
 was received by me on (date) \_\_\_\_\_

I personally served the summons on \_\_\_\_\_

I left the summons at the residence of \_\_\_\_\_

on (date) \_\_\_\_\_

I served the summons on (name of individual) \_\_\_\_\_  
 designated by law to accept service for \_\_\_\_\_

I returned the summons unexecuted because \_\_\_\_\_ ; OR

Other (specify):

CMZR 9590940221926193350160

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 10-17-16

*Jean P. Eakin*  
 Server's signature

JEAN P. EAKIN

Printed name and title

9865 TOWER VIEW, HELOTES, TX 78023

Server's address

Additional information regarding attempted service, etc:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DOJ  
 950 PENN NW  
 WASHINGTON, DC  
 20530-0001



9590 9402 2192 6193 3501 60

2. Article Number (Transfer from service label)

7016 1370 0002 3347 6439

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

10/18/2016

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt