

U.S. Department of Justice
United States Marshals Service

DUPLICATE

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

| | |
|-------------------------------|-----------------------------------|
| PLAINTIFF Jacob Teitelbaum | COURT CASE NUMBER 12 Civ. 2858 |
| DEFENDANT Juda Katz, et al | TYPE OF PROCESS S/C |

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

Christine Brunet, Child Protective Services of Orange County

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

23 Hatfield Lane, Goshen, NY 10924

| | | |
|--|---|--|
| 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. | |

Jacob Teitelbaum
c/o Ben Friedman
5 Leipnik Way, #102
Monroe, NY 10950

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 | 12 SEP 12 PM 12 S.D. OF N.Y. |
|---|--|------------------|---------------------------------|

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 for USM 285 if more than one USM 285 is submitted) | 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 (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date: 8/24/12 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*) |
| 8.00 | | | 8.00 | | \$0.00 |

REMARKS:

U.S. Department of Justice
United States Marshals Service
Southern District of New York



500 Pearl Street, Suite 400, New York, NY 10007

STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT
OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT

A. STATEMENT OF SERVICE BY MAIL

United States District Court
for the
Southern District of New York

Civil File Number 12 Civ. 2858

July 2, 2012

Jacob Teitelbaum vs. Juda Katz et.al.

**TO: Christine Brunet
Child Protective Services of Orange Co
23 Hatfield Lane
Goshen, NY 10924**

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver this original completed form to the U.S. Marshals Service within thirty (30) days from the date of this form. A self addressed envelope has been included for your convenience. You should keep a copy for your records and/or for your attorney. If you wish to consult an attorney, you should do so as soon as possible before the thirty (30) days expire.

If you do not complete and return the form to the U.S. Marshals Service within thirty (30) days, you (or the party on whose behalf you are being served) may be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires twenty (20) days after the day you mail or deliver this form to the U.S. Marshals Service. If you wish to consult with an attorney, you should do so as soon as possible before the twenty (20) days expire.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment

OVER>

CIVIL ACTION FILE NUMBER 12 Civ. 2858

Jacob Teitelbaum vs. Juda Katz et.al.

B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I received a summons and complaint. PLEASE CHECK ONE OF THE FOLLOWING;

IF 2 IS CHECKED, COMPLETE AS INDICATED:

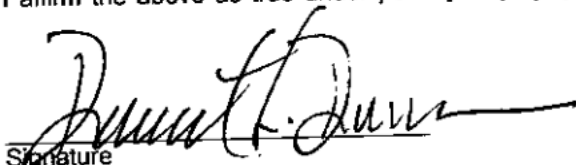
- 1. I am not in military service.
- 2. I am in military service, and my rank, serial number and branch of service are as follows:

Rank: _____
 Serial Number: _____
 Branch of Service: _____

TO BE COMPLETED REGARDLESS OF MILITARY STATUS:

Date: 8/24/12
 (Date this acknowledgment is executed)

I affirm the above as true under penalty of perjury


 Signature

DAVID L. DARWIN
 Print Name

Attorney (Orange County Attorney)
 Relationship to Entity/ Authority to Receive Service of Process (i.e., self, officer, attorney, etc.)

USMS OFFICIAL: Diana Baerga