IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS CIVIL DIVISION

PLAINTIFF:

VS.

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Case No.

DEFENDANT:

SUMMONS

THE STATE OF ARKANSAS TO:

Address:

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you receive it) --- or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas --- you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the opposing party, or their attorney, whose name and address is:

Additional Notices:

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

KYLE SYLVESTER, CIRCUIT CLERK WASHINGTON COUNTY COURTHOUSE 280 North College, Suite 302 Fayetteville, AR 72701

DEPUTY CLERK

DATE:

CASE No.

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This Summons is for:

(Name of person being served)

PROOF OF SERVICE

□ I personally delivered the summons and complaint to the individual at	
[place] on	[date];or
I left the summons and complaint in the proximity of the individual by	
after he/she refused to receive it when I of	fered it to him/her; or
I left the summons and complaint at the individual's dwelling, house or usual pla	ace of abode at
[address] with	
[name], a person at least 14 years of age who resides there, on	[date];or
I delivered the summons and complaint to	[name of individual],
an agent authorized by appointment or by law to receive service of summons on be	ehalf of
[name of person being served] on	[date];or
□ I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I ser Complaint on the defendant by certified mail, return receipt requested, restricted de the attached signed return receipt.	
□ I am the plaintiff in this lawsuit, and I mailed a copy of the summons and completo the defendant together with two copies of a notice and acknowledgment and reconstructed and acknowledgment form within twenty days after the date of mailing.	
Other [specify]:	
I was unable to execute service because:	

My fee is \$_____.

Date:	SHERIFF OF	COUNTY
	STATE OF	
	BY: [Signature of server]	
	[Signature of server]	
	[Printed name, title, and bad	ge number]
o be completed if servic	e is by a person other than a sheriff or	deputy sheriff:
Date:	By:[Signature of server]	
	[Signature of server]	
	[Printed name]	
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TATE OF		
OUNTY OF		
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ubscribed and sworn to be	efore me this date:	
	Notary Public	
ly commission expires:		