

11/21/77

**U.S. MARSHALS SERVICE**  
**INSTRUCTION AND PROCESS RECORD**

INSTRUCTIONS: See "INSTRUCTIONS FOR SERVICE OF PROCESS BY THE U.S. MARSHAL" on the reverse of the last (No. 5) copy of this form. Please type or print legibly, insuring readability of all copies. Do not detach any copies.

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PLAINTIFF <i>Harold Weigman</i>	COURT NUMBER <i>LA</i>
DEFENDANT <i>Central Intelligence Agency</i>	TYPE OF WRIT <i>Summons</i>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>CENTRAL INTELLIGENCE AGENCY</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Washington, D.C. 20505</i>	
AT	

SEND NOTICE OF SERVICE COPY TO NAME AND ADDRESS BELOW:  <i>James H. Leach 710. 16th St, N.W. #600 Washington, D.C. 20006</i>	Show number of this writ and total number of writs submitted, i.e., 1 of 1, 1 of 3, etc.  NO. 1 TOTAL <i>2</i> OF <i>3</i>
	CHECK IF APPLICABLE: <input type="checkbox"/> One copy for U. S. Attorney or designee and two copies for Attorney General of the U. S. included.
	SHOW IN THE SPACE BELOW AND TO THE LEFT ANY SPECIAL INSTRUCTIONS OR OTHER INFORMATION PERTINENT TO SERVING THE WRIT DESCRIBED ABOVE.

SPECIAL INSTRUCTIONS:

*James H. Leach*  
 NAME AND SIGNATURE OF ATTORNEY OR OTHER ORIGINATOR

TELEPHONE NUMBER *202 557 1431* DATE *11-21-77*

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

Show amount of deposit (or applicable code) and sign USM-285 for first writ only if more than one writ submitted.	DEPOSIT/CODE <i>200</i>	DIST. OF ORIGIN <i>DC</i>	DISTRICT TO SERVE <i>DC</i>	LOCATION OF SUB-OFFICE OF DIST. TO SERVE
I acknowledge receipt for the total number of writs indicated and for the deposit (if applicable) shown.	SIGNATURE OF AUTHORIZED USMS DEPUTY OR CLERK <i>[Signature]</i>			DATE <i>11/21/77</i>

I hereby certify and return that I have personally served, have legal evidence of service, or have executed as shown in "REMARKS," the writ described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address inserted below.

I hereby certify and return that, after diligent investigation, I am unable to locate the individual, company, corporation, etc., named above within this Judicial District.

NAME AND TITLE OF INDIVIDUAL SERVED (If not shown above) <i>MR ZIEDELL</i>	<input type="checkbox"/> A person of suitable age and discretion then abiding in the defendant's usual place of abode.
ADDRESS (Complete only if different than shown above)	FEE (If applicable) \$ MILEAGE \$

DATE(S) OF ENDEAVOR (Use Remarks if necessary)	DATE OF SERVICE <i>11/25/77</i>	TIME <i>1:05 PM</i>	SIGNATURE OF U. S. MARSHAL OR DEPUTY <i>[Signature]</i>
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REMARKS