

Name & Address:
C.D. Michel S.B.N.144258
Glenn S. McRoberts - S.B.N.144852
Michel & Associates, P.C.
180 East Ocean Blvd., Suite 200
Long Beach, CA 90802

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

DOROTHY MCKAY, DIANA KILGORE, PHILLIP H.
WILLMS, FRED KOGEN, DAVID WEISS AND THE CRPA
FOUNDATION

PLAINTIFF(S)

v.

SHERIFF SANDRA HUTCHENS, individually and in her official capacity as
Sheriff of Orange County, California, ORANGE COUNTY SHERIFF-
CORONER DEPARTMENT, COUNTY OF ORANGE, and DOES 1-10

DEFENDANT(S) .

CASE NUMBER

SACV 12-1458JVS (JPrx)

AMENDED SUMMONS

TO: DEFENDANT(S):

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint FIRST amended complaint counterclaim cross-claim or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, C. D. Michel, whose address is Michel & Associates, P.C. 180 East Ocean Blvd., Suite 200 Long Beach, CA 90802. If you fail to do so, 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, U.S. District Court

SEP -7 2012

Dated: _____

DODJIE LAGMAN

By: _____

Deputy Clerk

(Seal of the Court)



[Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States. Allowed 60 days by Rule 12(a)(3)].

FIRM:

MICHEL & ASSOCIATES, P.C.
180 E. OCEAN BLVD.
SUITE 200
LONG BEACH CA 90802
PH: 562/216-4444

Signal
ATTORNEY SERVICE
INCORPORATED

DATE: 9/7/12 SECRETARY: CA ATTORNEY: CDM ATTORNEY FILE #: 1056125

DO TODAY _____ **RETURN TODAY** _____
Mark 'X' for special assignment(s). RUSH CHARGES APPLY

Long Beach 562-595-1337
Torrance 310-316-1256
Fax 562-595-6294

PLAINTIFF: McKay et al., COURT: USDC
VS. JUDICIAL DIST: Central - Southern Division
DEFENDANT: Sheriff Sandra Hutchins et al., CITY: Santa Ana CASE #: SACV12-158

APPROVED DIRECT BILLING: _____ ADJUSTER: _____
CARRIER NAME: _____ INSURED: _____
ADDRESS: _____ CLAIM NUMBER: _____
CITY, STATE, & ZIP: _____ DATE OF LOSS: _____

LIST ALL DOCUMENTS: HEARING DATE _____ FEES PAID/ DATE _____ FEES ATTACHED _____
1) Amended Complaint 2) Amended Certificate of Interested Parties
3) Amended Simmons
3) Amended Civil Cover Sheet ← Not needed

INSTRUCTIONS: FILE BY 9/7/12 SERVE BY _____

DEPT. _____ CLERK _____

IMPORTANT	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
SERVE	<input type="checkbox"/>
DELIVER	<input type="checkbox"/>
COPY	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

Please file today
Thank you

RESIDENCE
 BUSINESS

MALE _____ FEMALE _____ RACE _____ AGE _____ HT _____ WT _____ HAIR _____

ORIGINAL SUBMIT DATE: 9/7 RUNNER: 621 to 608	2nd SUBMIT DATE: _____ RUNNER: _____
OKAY <input type="checkbox"/> BACK TO COURT <input type="checkbox"/>	OKAY <input type="checkbox"/> BACK TO COURT <input type="checkbox"/>
REJECTED <input type="checkbox"/>	REJECTED <input type="checkbox"/>

OFFICE USE	
COURT	CA
PROCESS	
DELIVERY	
RETURN	
ADV FEE	
ADV CHG	
TIME	
G/S	
TOTAL	60
SPECIAL ASSIGNMENT #	

531907
one copy

NO CONFORM SHERIFF COURTESY DROP C/W DROP DP RCV C/W RCV DP FILE C/W FILE DP ATTY CK OUR CK CASH