UNITED STATES DISTRICT COURT
for the
NORTHERN DISTRICT OF ALABAMA

_____ ,	} **Counter-Claim Summons**
Plaintiff(s),	} **(Issued pursuant to Rule 4 of the Federal Rules of**
	} **Civil Procedure or other appropriate law.)**
v.	}
	}
_____ ,	}
Defendant(s),	} **Civil Action Number:**
	}
v.	}
	}
_____ ,	}
Counter-Claim Defendant(s).	}

TO: *(Counter-Claim Defendant's name and address)*

_____

_____

_____

You are hereby summoned and required to serve upon plaintiff's attorney(s):

_____

_____

_____

and upon defendant(s) and counter-claim plaintiff's attorney(s):

_____

_____

_____

a response to the counter-claim which is herewith served upon you, within _____ days after service of this summons upon you, exclusive of the day of service. **If you fail to do so, judgment by default may be taken against you for the relief demanded in the counter-claim.** There is also served upon you herewith a copy of the complaint of the plaintiff(s) which you may, but are not required to answer. A signed copy of your response MUST be filed with the court.

DATE:_____   SHARON N. HARRIS, CLERK

                                       By:

<u>SEE REVERSE SIDE FOR RETURN</u>   Deputy Clerk

                                    (SEAL OF THE COURT)

NOTE: **A separate summons must**   NORTHERN DISTRICT OF ALABAMA
               be prepared for each   1729 5th Avenue North
               counter-claim defendant.   Birmingham, Alabama 35203

RETURN OF SERVICE OF COUNTER-CLAIM SUMMONS

I hereby certify and return that on the _____ day of _____, 20_____, I served this cross-claim summons together with the counter-claim and complaint as follows:

☐   By personal service on the counter-claim defendant at:_____

_____

_____

_____

☐   By serving a person of suitable age and discretion then residing in the defendant's usual place of abode. (Give name and address of person served.)

_____

_____

_____

☐   By serving an officer, a managing or general agent, or any other agent authorized by appointment or by law to receive service of process of the defendant corporation, partnership, or unincorporated association. (Give name, capacity, and address of person served.)

_____

_____

_____

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

_____   _____
Date   Authorized or Specially Appointed Process Server

Costs of Service: Service fee: $_____

                 Expenses:_____miles @ _____ cents $_____

                                      Total $_____