## UNITED STATES DISTRICT COURT

for the

Central District of California

HOUSING IS A HUMAN RIGHT ORANGE COUNTY, an unincorporated association; (see attached)					
Plaintiff(s)	)				
v.		Civil Action No. 8:19-cv-00388-DOC JDE			
THE COUNTY OF ORANGE, THE CITY OF IRVINE, THE CITY OF ALISO VIEJO, THE CITY OF DANA POINT, THE CITY OF SAN JUAN CAPISTRANO, THE CITY OF SAN CLEMENTE,		) ) ) )			
Defendant(s)	)				
SUMMONS IN A CIVIL ACTION					
To: (Defendant's name and address)  City of San Juan Capistrano 32400 Paseo Adelanto San Juan Capistrano, CA 92675		nto			
A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you					
are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:					
Law Office of Carol A. Sobel 725 Arizona Avenue,. Ste. 300 Santa Monica, CA. 9040					
If you fail to respond, 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 OF COURT			
Date:					
_		Signature of Clerk or Deputy Clerk			

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Civil Action No. 8:19-cv-00388-JAK-DFM

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

		ne of individual and title, if any)				
was 16	ceived by me on (date)	··				
	☐ I personally served	the summons on the individual	at (place)			
			on (date)	; or		
	☐ I left the summons at the individual's residence or usual place of abode with (name)					
	on (date), a person of suitable age and discretion who resides there,  on (date), and mailed a copy to the individual's last known address; or					
	☐ I served the summons on (name of individual) , who is designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the summ	nons unexecuted because		; or		
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty of perjury that this information is true.					
D /						
Date:			Server's signature			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc: