State of Alabama Unified Judicial System Form C-34　　Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number

IN THE _____**COURT OF** _____**COUNTY, ALABAMA**
　　　　　　(Circuit, District, or Juvenile)　　　　　　　　　　　*(Name of County)*

_____　**v.**　_____

_____　　　_____
　　　　　[Name(s) of Plaintiff(s)]　　　　　　　　　　　　　　*[Name(s) of Defendant(s)]*

NOTICE TO: _____

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), _____, WHOSE
　　　　　　　　　　　　　　　　　　　　　　　[Name(s) of Attorney(s)]

ADDRESS(ES) IS/ARE: _____

_____.
　　　　　　　　[Address(es) of Plaintiff(s) or Attorney(s)]

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN_____DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

　　You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

　　Service by certified mail of this Summons is initiated upon the written request of _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　[Name(s)]

pursuant to the Alabama Rules of Civil Procedure.

_____　　　_____**By:** _____
　　　　　(Date)　　　　　　　　　　　　　*(Signature of Clerk)*　　　　　　*(Name)*

　Certified Mail is hereby requested.　　　_____

　　　　　　　　　　　　　　　　　　　　　(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

　Return receipt of certified mail received in this office on_____.
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(Date)

　I certify that I personally delivered a copy of this Summons and Complaint or other document to _____

_____in _____County,
　　　　　　　(Name of Person Served)　　　　　　　　　　　*(Name of County)*

Alabama on_____.
　　　　　　　　　　(Date)

_____　_____　_____
(Type of Process Server　　*(Server's Signature)*　　　　*(Address of Server)*

　　　　　　　　　　　　　　　　　　　　　　　　　　　_____

　　　　　　　　　_____
　　　　　　　　　(Server's Printed Name)　　　　　_____
　　　　　　　　　　　　　　　　　　　　　　　　　(Phone Number of Server)