IN THE 15TH JUDICIAL CIRCUIT, LAFAYETTE COUNTY, MISSOURI

Judge or Division: KELLY ANN ROSE	**Case Number:** **23LF-CV00998**
Plaintiff/Petitioner: THE BOARD OF TRUSTEES OF NORTH KANSAS CITY HOSPITAL vs.	Plaintiff's/Petitioner's Attorney/Address: SCOTT FRANCIS WALTERBACH BESSINE WALTERBACH, LLP 3000 NE BROOKTREE LANE SUITE 100 KANSAS CITY, MO 64119 (816) 601-1100
Defendant/Respondent: MICHAEL A CRAIG	Date, Time and Location of Court Appearance: **21-DEC-2023, 09:00 AM** **Courtroom A** **LAFAYETTE HALL** **116 S TENTH ST** **P.O. BOX 10** **LEXINGTON, MO 64067**
Nature of Suit: AC Suit on Account	

(Date File Stamp)

Associate Division Summons

The State of Missouri to: MICHAEL A CRAIG
Alias:

310 W 23RD ST
HIGGINSVILLE, MO 64037

COURT SEAL OF

LAFAYETTE COUNTY

You are summoned to appear before this court on the date, time, and location above to answer the attached petition. If you fail to do so, judgment by default will be taken against you for the relief demanded in the petition. You may be permitted to file certain responsive pleadings, pursuant to chapter 517, RSMo. Should you have any questions regarding responsive pleadings in this case you should consult an attorney.

If you have a disability requiring special assistance for your court appearance, please contact the court at least 48 hours in advance of scheduled hearing.

10/18/2023
Date

/s/ Kim Mason, Circuit Clerk
by Karin Reickard, Deputy Clerk
Clerk

Further Information:

Sheriff's or Server's Return

Note to serving officer: Service must not be made less than 10 days nor more than 60 days from the date the defendant/respondent is to appear in court.

I certify that I have served the above Summons by: (check one)

☐ delivering a copy of the summons and petition to the defendant/respondent.

☐ leaving a copy of the summons and petition at the dwelling house or usual place of abode of the defendant/respondent with _____, a person at least 18 years of age residing therein.

☐ (for service on a corporation) delivering a copy of the summons and petition to:
_____ (name) _____ (title).

☐ other: _____.

Served at _____ (address) in _____ (County/City of St. Louis), MO, on _____ (date) at _____ (time).

_____ Printed Name of Sheriff or Server

_____ Signature of Sheriff or Server

Must be sworn before a notary public if not served by an authorized officer.
Subscribed and sworn to before me on _____ (date).

(Seal)

My commission expires: _____ Date

_____ Notary Public

Sheriff's Fees, if applicable

Summons	$_____
Non Est	$_____
Sheriff's Deputy Salary	
Supplemental Surcharge	$ 10.00
Mileage	$_____ (_____ miles @ $._____ per mile)
Total	**$_____**

A copy of the summons and petition must be served on **each** defendant/respondent. For methods of service on all classes of suits, see Supreme Court Rule 54.