IN THE 44TH JUDICIAL CIRCUIT, WRIGHT COUNTY, MISSOURI

Judge or Division: LYNETTE B VEENSTRA	**Case Number:** **23WR-AC00327**
Plaintiff/Petitioner: TEXAS COUNTY MEMORIAL HOSPITAL vs.	Plaintiff's/Petitioner's Attorney/Address: DENNIS JOSEPH BARTON III 17600 CHESTERFIELD AIRPORT RD SUITE 201 CHESTERFIELD, MO 63005 (636) 778-9520
Defendant/Respondent: BOBBY R LIEVSAY	Date, Time and Location of Court Appearance: **18-JAN-2024, 09:00 AM** **DIVISION 2** **PO BOX 39** **HARTVILLE, MO 65667**
Nature of Suit: AC Suit on Account	

FILED
12/12/2023
Lori Jones
CLERK, CIRCUIT COURT
WRIGHT COUNTY

(Date File Stamp)

Associate Division Summons

The State of Missouri to: BOBBY R LIEVSAY
Alias:

717 W NORTH ST
MOUNTAIN GROVE, MO 65711

COURT SEAL OF

WRIGHT 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.

12/12/2023 — Date

/s/ Jo Cornelius — 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.