IN THE 12TH JUDICIAL CIRCUIT, AUDRAIN COUNTY, MISSOURI

Judge or Division: LINDA R HAMLETT	**Case Number:** **23AU-AC00505**
Plaintiff/Petitioner: BRICK CITY DENTAL LLC vs.	Plaintiff's/Petitioner's Attorney/Address: DAVID H BAILEY JR. 4610 Mexico Rd ST PETERS, MO 63376 (636) 397-4500
Defendant/Respondent: JOSEPH W NIEDERS	Date, Time and Location of Court Appearance: **19-JAN-2024, 09:00 AM** **Audrain Associate Div** **AUDRAIN COUNTY COURTHOUSE** **101 N JEFFERSON** **MEXICO, MO 65265**
Nature of Suit: AC Suit on Account	

(Date File Stamp)

Associate Division Summons

The State of Missouri to: JOSEPH W NIEDERS
Alias:

1713 S WESTERN STREET
MEXICO, MO 65265

SERVE POE: AUDRAIN DEVELOPMENTAL DISABILITY SERVICES
222 EAST JACKSON ST
MEXICO, MO 65265

COURT SEAL OF

AUDRAIN 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.

November 27, 2023 (Date) /s/ Lyndzee Jackson (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.