

<b>SUMMONS AND ORDER OF NOTICE</b>	DOCKET NUMBER	<b>Trial Court of Massachusetts The Superior Court</b>	
	<b>2484CV00824</b>		

CASE NAME: <b>Owens, Adam et al vs. Edgar P. Benjamin Healthcare Center</b>	John E. Powers III, Acting Clerk of Court Suffolk County Civil
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To: <b>Edgar P. Benjamin Healthcare Center</b>	COURT NAME & ADDRESS Suffolk County Superior Court - Civil Suffolk County Courthouse, 12th Floor Three Pemberton Square Boston, MA 02108
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To the above named defendant(s):

You are hereby summoned and required to serve upon:

**Oren Sellstrom, Esq.  
Lawyers for Civil Rights  
61 Battery March St  
5th Fl  
Boston, MA 02110**

an answer to the complaint which is herewith served upon you. This must be done within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, Judgment by default will be taken against you for the relief demanded in the complaint. You are also required to file your answer to the complaint in the office of the Clerk of this Court at Boston either before service upon plaintiff's attorney or within a reasonable time thereafter.

Unless otherwise provided by Rule 13(a), your answer must state as a counterclaim any claim which you may have against the plaintiff which arises out of the transaction or occurrence that is the subject matter of the plaintiff's claim or you will thereafter be barred from making such claim in any other action.

**WE ALSO NOTIFY YOU** that application for Appointment of Receiver has been made in said action, as it appears in the complaint. A hearing on this matter has been scheduled for:

**Date: 04/02/2024**

**Time: 02:00 PM**

**Event: Motion Hearing**

**Session Location: Civil A / BOS-3rd FL, CR 304 (SC)**

at which time you may appear and show cause why such application should not be granted.

DATE ISSUED <b>03/29/2024</b>	CHIEF JUSTICE OF THE SUPERIOR COURT Witness: <b>Hon. Michael D Ricciuti</b>	ASSOCIATE JUSTICE <b>Hon. Christopher Belezos</b>	ASSISTANT CLERK <b>X</b> <i>Margaret M Buckley</i>
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**RETURN OF SERVICE**

I hereby certify and return that on \_\_\_\_\_, I served a copy of this summons, together with a copy of the Complaint.

PARTY NAME:

**X**