

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charlotte Collins, Warden
T. Don Hutto Detention Center
1001 Welch Street
Taylor, TX 76574

9590 9402 8245 3094 8632 04



2. Article Number (Transfer from service label)

9589 0710 5270 2121 5146

78 Mail Restricted Delivery

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Domestic Return Receipt

A. Signature

X

Agent

B. Received by (Printed Name)

Maid Room

C. Date of Delivery

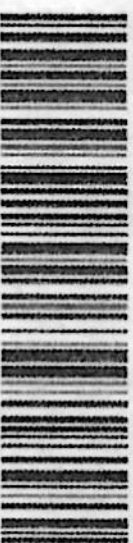
1-23-26

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Case 1:26-cv-00082-DANE Document 10 Filed 01/29/26 Page 2 of 2



First-Class Mail[®]
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 8245 3094 8632 04

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED

JAN 29 2026

Clerk, U.S. District Court
501 W 5th Street, Suite 1100
Austin, Texas 78701

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY TP DEPUTY CLERK

1:26-cv-82

SO OPENED BY CSOS
JAN 29 2026