

- 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 97

2. Article Number (Transfer from service label)

9589 0710 5270 2121 5146 16

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

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Mail Room

C. Date of Delivery

1-22

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

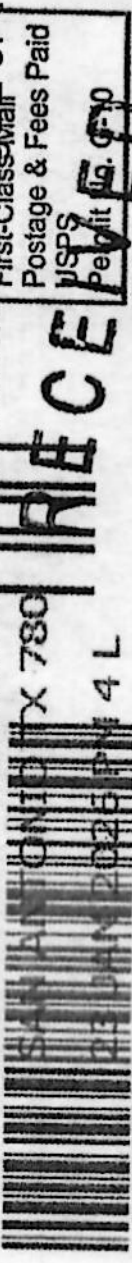
☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Restricted Delivery

Domestic Return Receipt

Case 1:26-cv-00084-RP Document 8 Filed 01/28/26 Page 2 of 4



9590 9402 8245 3094 8633 03

United States
Postal Service

JAN 27 2026

• Sender: Please print your name and address in this box.
CLERK, U.S. DISTRICT COURT
BY WESTERN DISTRICT OF TEXAS

CLERK, U.S. DISTRICT COURT
501 W 5th Street, Suite 1100
Austin, Texas 78701

SCREENED BY CSO'S

JAN 27 2026

1:26 - CV - 84



SENDER: COMPLETE THIS SECTION Document

- 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:

U.S. Attorneys Office, Civil Division
601 NW Loop 410, Suite 600
San Antonio, TX 78216



9590 9402 8245 3094 8633 03

2. Article Number (Transfer from service label)

9589 0710 5270 2121 5146 23

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

COMPLITION IS SECTION NEW DELIVERY 3 of 4

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) maricela C. Date of Delivery 01/23/24

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

3. Service Type

☒ Adult Signature ☐ Priority Mail Express®

☒ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Collect on Delivery ☐ Signature Confirmation™

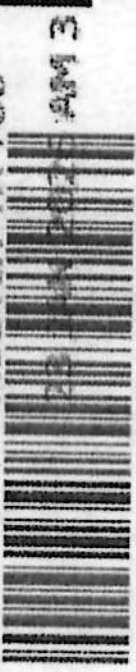
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail ☐ Mail Restricted Delivery

Domestic Return Receipt

Case 1:26-cv-00084-RKT Document 8 Filed 01/28/26 Page 4 of 4

Postage & Fees Paid
USPS
Permit No. G-10



9590 9402 8245 3094 8632 97

United States
Postal Service

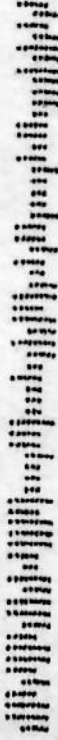
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

SCREENED BY CSOS

Clerk, U. S. District Court
501 W 5th Street, Suite 2100
Austin, Texas 78701

JAN 28 2026
CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT
26 - CV - 84



701-391275