## Case 1:14-cv-01506-JDB Document 1-1 Filed 09/03/14 Page 1 of 2 CIVIL COVER SHEET

I. (a) PLAINTIFFS				DEFENDA	NTS					1
JAMES KLEINERT				BUREAU OF LAND MANAGEMENT						
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		00000		GOLD EDIL	or promer	VOE OF FI	DOTIE	TED DEFENDANT		1
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888 (EXCEPT IN U.S. PLAINTIFF CASES)				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
				(IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES; USE THE LOCATION OF THE TRACT OF LAND INVOLVED						
(c) ATTORNEYS (FIRM NA	ME. ADDRESS	, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)						
Daniel J. Stotter, St										
408 SW Monroe, Ste. M210E										
Corvallis, OR 973	33									
(541) 738-2601										
			*** ****	CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR						
II. BASIS OF JURISI								VERSITY CASES ONLY!	BOX FOR	
(PLACE AN x IN ONE B	OX ONLY)		PLAINTIFF	AND ONE BO	PTF	DFT	FOR DI	VERSITI CASES ONEII.	PTF	DFT
1 U.S. Government		deral Question			_			V Charles too estimates	<b>O</b> 4	<b>O</b> 4
Plaintiff	(U.	S. Government Not a Party)	Citizen of	Citizen of min citize			orated or Principal Place	4	O 4	
					_		of Busi	ness in This State	-	
② 2 U.S. Government		versity	Citizen of	Another State	<b>O</b> 2	<b>O</b> 2	Incorpo	orated and Principal O 5 O 5		
Defendant		ndicate Citizenship of						of Business in Another State		
	Pa	rties in item III)		Subject of a	<b>O</b> 3	<b>3</b>	8		0	<b>O</b> 6
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		IV. CASE ASSI						11 37 / 22	:4	
(Place an X	K in one cate	gory, A-N, that best repr	esents you	r Cause of A	ction and	d <u>one</u> in	a corre	esponding Nature of S	uit)	
O A. Antitrust	O B P	ersonal Injury/	0	C. Admini	strative A	1gency		O D. Temporary	Restra	ining
A. Anturusi			'	Review	311 11111 1 1	geney		Order/Preli		
	/VI	alpractice		Keview				Injunction	minury	
410 Antitrust	310 Air	nlane	1	51 Medicare	Act			Injunction		
	No.	plane Product Liability	<u></u>				Any nature of suit from	Any nature of suit from any category		
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	Sanconopoment .	deral Employers Liability		861 HIA (1395ff) 862 Black Lung (923) 863 DIWC/DIWW (405(g))			assignment. *(If Antitrust, then A governs)*			
	340 Ma									
		rine Product Liability		64 SSID Title	e XVI					
	350 Motor Vehicle			865 RSI (405(g))						
	Zanana and a same a	355 Motor Vehicle Product Liability			Other Statutes					
	360 Other Personal Injury						891 Agricultural Acts			
362 Medical Malpractice			Other	Statutes	ral Acts					
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O G. Habeas Corpus/ 2255  530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	H. Employment Discrimination  442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	X 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	O J. Student Loan  152 Recovery of Defaulted Student Loan (excluding veterans)						
	*(If pro se, select this deck)*	*(If pro se, select this deck)*							
O K. Labor/ERISA (non-employment)  710 Fair Labor Standards Act 720 Labor/Mgmt. Relations 740 Labor Railway Act 751 Family and Medical Leave Act 790 Other Labor Litigation 791 Empl. Ret. Inc. Security Act	L. Other Civil Rights (non-employment)  441 Voting (if not Voting Rights Act)  443 Housing/Accommodations  440 Other Civil Rights  445 Americans w/Disabilities – Employment  446 Americans w/Disabilities – Other  448 Education	M. Contract  110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court  441 Civil Rights – Voting (if Voting Rights Act)						
V. ORIGIN									
O 1 Original	O 3 Remanded from Appellate Court Reopened		ti-district						
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C 552 Freedom of Information Act (FOIA)									
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMAND \$ Check YES only if demanded in complaint YES NO X									
VIII. RELATED CASE(S) (See instruction)  If yes, please complete related case form  IF ANY									
DATE: 9/3/14 SIGNATURE OF ATTORNEY OF RECORD VALUE									

## INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.