CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)											
I. (a) PLAINTIFFS					DEFENDANTS						
JUDICIAL WATCH, INC.				U.S.	U.S. DEP'T OF HEALTH AND HUMAN SERVICES						
(b) COUNTY OF RESIDEN	CEOFFIRSTL	ISTED PLAINTIFF 11001		CO	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(EXC	CEPT IN U.S. P	LAINTIFF CASES)	(IN U.S. PLAIN NOTE: IN LAND CONDEMNATION CASES, USE			. PLAINTI CASES, USE TH	FIFF CASES ONLY) THE LOCATION OF THE TRACT OF LAND INVOLVED				
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	S, AND TELEPHONE NUMBER	.)	ATTO	ORNEYS (IF KNOV						
Michael Bekesha, J	udicial Wa	tch Inc									
425 Third Street SV		The state of the s									
Washington, DC 20											
(202) 646-5172	JU2 4										
(202) 040 3172											
II. BASIS OF JURISDICTION			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR								
(PLACE AN x IN ONE B	OX ONLY)		PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!								
1 U.S. Government	3 Fe	3 Federal Question		PTF DFT Citizen of this State O 1 Incorporated or Principal Place				PTF	DFT		
Plaintiff	(U.	S. Government Not a Party)	Citizen	of this Sta	is State 0 1		Incorporated or Principal Place		O 4	O 4	
								ess in This State			
2 U.S. Government	_	versity	Citizen	of Another	nother State 2		Incorporated and Principal Place		e O 5	O 5	
Defendant		dicate Citizenship of					of Business in Another State				
	Pa	rties in item III)		or Subject	ofa O3	O 3			0.	0.	
			Foreign	Country			Foreign 1	Nation	0 0	O 6	
		IV. CASE ASSIC	NIME	JT AND	NATURE	Е СППТ	г				
(Place an X i	in one cateo	ory, A-N, that best repre						anding Nature of S	nit)		
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O A. Antitrust		Personal Injury/	C		ldministrative	Agenc	y	O D. Tempo			
	IV.	<i>lalpractice</i>		K	eview				Prelimina	ıry	
410 Antitrust	310 Ai	rplane	lг	151 Me	edicare Act			Injuncti	ion		
		rplane Product Liability					Any nature of suit from any category				
			Social Security					Any nature of suit	tram anv c		
	320 As	sault, Libel & Slander	S					*	•		
		sault, Libel & Slander deral Employers Liability		861 HI	IA (1395ff)			may be selected for case assignment.	•		
		deral Employers Liability		861 HI 862 Bla	IA (1395ff) ack Lung (923)	5(g))		may be selected for case assignment.	this categ	ory of	
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	O I. FOIA/Privacy Act	O J. Student Loan						
530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	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)	152 Recovery of Defaulted Student Loan (excluding veterans)						
	(If pro se, select this deck)	*(If pro se, select this deck)*							
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 Proceeding Proceeding Proceeding Court O 3 Remanded from Appellate Court O 4 Reinstated or Reopened or Reopened O 5 Transferred from another district (specify) O 6 Multi-district O 7 Appeal to District Judge from Mag. Judge O 1 District File									
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. Sec. 552; failure to produce records requested under 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) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form						
DATE: March 9, 2021	SIGNATURE OF ATTORNEY OF REC	CORD/s/ Michael	Bekesha						

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 only 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.