CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)											
I. (a) PLAINTIFFS INDIANA FEDERAL COMMUNITY DEFENDERS 111 MONUMENT CIRCLE, STE. 3200 INDIANAPOLIS, INDIANA 46204				DEFENDANTS U.S. DEPARTMENT OF JUSTICE 950 PENNSYLVANIA AVE NW WASHINGTON, DC 20530							
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888 (EXCEPT IN U.S. PLAINTIFF CASES)				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT 11001 (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED					/ED		
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	S, AND TELEPHONE NUMBER	.)	ATTORNEYS (IF KNOWN)							
F. Italia Patti Joshua B. Pickar Indiana Federal Community Defenders 111 Monument Circle, Ste. 3200											
II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!								
1 U.S. Government Plaintiff	_	deral Question S. Government Not a Party)	Citizen o	fthis State	PTF 1	O 1		Incorporated or Principal Place of Business in This State Incorporated and Principal Place of Business in Another State PTF O 4		O 4	
2 U.S. Government Defendant	(Ir	ersity dicate Citizenship of ties in item III)		f Another State	O 2	O 2				O 5	
		,	Foreign (r Subject of a Country			Foreign 1	Foreign Nation		O 6	
IV. CASE ASSIGNMENT AND NATURE OF SUIT (Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)											
O A. Antitrust	_	Personal Injury/						_		tuainina	
A. Antitrust		ersonai injury/ Ialpractice		C. Admin Review		Agenc	<i>y</i>	Ord	mporary Rest ler/Prelimina		
410 Antitrust	310 Ai	rplane		151 Medicard	e Act			Inji	unction		
	315 Ai	rplane Product Liability						Any nature of suit from any category			
320 Assault, Libel & Slander			Social Security					may be selected for this category of			
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O G. Habeas Corpus/	O H. Employment	O I. FOIA/Privacy Act	O J. Student Loan					
2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	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)	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 Court O 3 Remanded from Appellate Court O 4 Reinstated or Reopened or Reopened district (specify) O 6 Multi-district O 7 Appeal to District Judge from Mag. Direct File Judge								
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, Violation of the 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 ANY (See instruction) YES NO X If yes, please complete related case form								
DATE:05/16/2022	SIGNATURE OF ATTORNEY OF REC	CORD /S/ F. Ita	lia Patti					

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.