**CIVIL COVER SHEET** 

JS-44 (Rev. 11/2020 DC)											
I. (a) PLAINTIFFS				DEFENDANTS							
NATIONAL POLICE ASSOCIATION				NATIONAL INSTITUTES OF HEALTH							
		00000									
(b) COUNTY OF RESIDEN	CEOFFIRSTL	ISTED PLAINTIFF 88888		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT							
(EXCEPT IN U.S. PLAINTIFF CASES)				(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, ADDRES	S, AND TELEPHONE NUMBER	)	ATTORNEYS (IF KNOWN)							
C. Peter Sorenson											
Sorenson Law Offic											
PO Box 10836											
Eugene, OR 97440											
II. BASIS OF JURISI	DICTION		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR								
(PLACEAN x IN ONE B			PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!								
	<b>A</b> 2 E a	dama 1 Oscantian			PTF	DFT			PTF	DFT	
O 1 U.S. Government Plaintiff		3 Federal Question (U.S. Government Not a Party)		of this State	<b>O</b> 1	<b>O</b> 1	Incomor	ated or Principal Place	<b>O</b> 4	<b>O</b> 4	
1 millin	(0.	5. Government (of a raity)	Chizen c	of this State	0	0		ess in This State	•	•	
			<b>a</b>		<u> </u>	<u> </u>	or Dusiness in This State		~	-	
2 U.S. Government Defendant		4 Diversity (Indicate Citizenship of		of Another State	<b>O</b> 2	<b>O</b> 2		rated and Principal Place O 5 O 5			
Derendant		rties in item III)	C'+'	. Carlain et a fa	~	~	ofBusin	ess in Another State			
			Foreign (	or Subject of a	<b>O</b> 3	<b>O</b> 3	Foreign 1	Nation	<b>O</b> 6	<b>O</b> 6	
			Poleight	country			Foreign	Nation	U ·	0.	
	IV. CASE ASSIGNMENT AND NATURE OF SUIT										
(Place an X	in one categ	ory, A-N, that best repres						onding Nature of Sui	t)		
<b>O</b> A. Antitrust		Personal Injury/	0	C. Admin		Agenc	y	O D. Tempora			
	N	lalpractice		Review	,			Order/Preliminary			
410 Antitrust	310 4	rplane		151 Medicard	Act			Injunctio	n		
		rplane Product Liability	Social Security				Any nature of suit from any category				
		sault, Libel & Slander									
	330 Federal Employers Liability			<b>861 HIA (1395ff)</b>				may be selected for this category of case assignment.			
	340 M		<b>862 Black Lung (923)</b>				case assignment.				
	345 Marine Product Liability 350 Motor Vehicle 355 Motor Vehicle Product Liability		863 DIWC/DIWW (405(g))           864 SSID Title XVI           865 RSI (405(g))				*(If Antitrust, then A governs)*				
	<b>360 Other Personal Injury</b>			her Statutes							
		edical Malpractice	891 Agricultural Acts								
		oduct Liability		893 Environ							
		ealth Care/Pharmaceutical		890 Other St	-						
	Pe	ersonal Injury Product Liabi	Administrative Agency is								
		bestos Product Liability	Involved)								
O E. General Civ	il (Athor)	OR		<b>O</b> F. <i>Pr</i>	o Se Gei	neral (	"ivil				
	. (oner)			-				1			
Real Property	ation	Bankruptcy	29		Tax Suits		iffor		• ,• .		
210 Land Condemnation     422 Appeal 27 USC 1       220 Foreclosure     423 Withdrawal 28 U						111 01	465 Other Imm	0			
	Figetmont		SC 157	871 IRS-Third Party 2			26 USC	470 Racketeer I			
230 Rent, Lease & Ejectment 240 Torts to Land <u>Prisoner Petitions</u>			7609					& Corrupt	-	uon	
240 Forts to Land 535 Death Penalty					1007			480 Consumer	redit		
245 Tort Product I	,	Prisoner Petitions 535 Death Penalty			1007					485 Telephone Consumer	
	iability		her		ure/Penalt	-		-	Consume		
245 Tort Product L 290 All Other Real	iability	535 Death Penalty	her		<u>ure/Penalt</u> 5 Drug Re	lated Se		Protection A	Consume Act (TCPA		
	iability	535 Death Penalty 540 Mandamus & Ot		62	<u>ure/Penalt</u> 5 Drug Re Property	lated Se		Protection A	Consume Act (TCPA Ilite TV	.)	
290 All Other Real	iability	535 Death Penalty 540 Mandamus & Ot 550 Civil Rights	s	62	<u>ure/Penalt</u> 5 Drug Re	lated Se		Protection A 490 Cable/Sate 850 Securities/C	Consume Act (TCPA Ilite TV	.)	
290 All Other Real Personal Property	iability Property	535 Death Penalty 540 Mandamus & Ot 550 Civil Rights 555 Prison Condition	s	62 69	<u>ure/Penalt</u> 5 Drug Re Property 0 Other	lated Se		Protection A 490 Cable/Sate 850 Securities/C Exchange	Consume Act (TCPA Ilite TV Commodit	.)	
290 All Other Real Personal Property 370 Other Fraud	iability Property ng	535 Death Penalty 540 Mandamus & Ot 550 Civil Rights 555 Prison Condition 560 Civil Detainee – ( of Confinement	s	62 69 <u>Other S</u>	ure/Penalt 5 Drug Re Property 0 Other 6tatutes	lated Sei 21 USC	881	Protection A 490 Cable/Sate 850 Securities/C Exchange 896 Arbitration	Consume Act (TCPA Ilite TV Commodit	) ies/	
290 All Other Real <u>Personal Property</u> 370 Other Fraud     371 Truth in Lendid	iability Property ng	535 Death Penalty 540 Mandamus & Ot 550 Civil Rights 555 Prison Condition 560 Civil Detainee – 0 of Confinement	s	62 69 <u>Other S</u> 37	ure/Penalt 5 Drug Re Property 0 Other 5 False Cli	lated Set 7 21 USC aims Act	881	Protection A 490 Cable/Sate 850 Securities/C Exchange 896 Arbitration 899 Administra	Consume Let (TCPA Ilite TV Commodit	.) ies/ edure	
290 All Other Real <u>Personal Property</u> 370 Other Fraud 371 Truth in Lendin 380 Other Personal	iability Property ng Property	535 Death Penalty 540 Mandamus & Ot 550 Civil Rights 555 Prison Condition 560 Civil Detainee – O of Confinement <u>Property Rights</u> 820 Copyrights	s	62 69 <u>Other S</u> 37	ure/Penalt 5 Drug Re Property 0 Other <u>Statutes</u> 5 False Cl: 6 Qui Tan	lated Set 7 21 USC aims Act	881	Protection A 490 Cable/Sate 850 Securities/C Exchange 896 Arbitration 899 Administra Act/Review	Consume cct (TCPA llite TV Commodit tive Proce or Appea	.) ies/ edure	
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<ul> <li>G. Habeas Corpus/ 2255</li> <li>530 Habeas Corpus – General</li> <li>510 Motion/Vacate Sentence</li> <li>463 Habeas Corpus – Alien Detainee</li> </ul>	<ul> <li>H. Employment Discrimination</li> <li>442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)</li> </ul>	<ul> <li>I. FOIA/Privacy Act</li> <li>895 Freedom of Information Act</li> <li>890 Other Statutory Actions (if Privacy Act)</li> </ul>	<ul> <li>J. Student Loan</li> <li>152 Recovery of Defaulted Student Loan (excluding veterans)</li> </ul>						
O V Laboy/EDISA	*(If pro se, select this deck)*	*(If pro se, select this deck)*	ON Three Indee						
<ul> <li>K. Labor/ERISA (non-employment)</li> <li>710 Fair Labor Standards Act</li> <li>720 Labor/Mgmt. Relations</li> <li>740 Labor Railway Act</li> <li>751 Family and Medical Leave Act</li> <li>790 Other Labor Litigation</li> <li>791 Empl. Ret. Inc. Security Act</li> </ul>	<ul> <li>L. Other Civil Rights (non-employment)</li> <li>441 Voting (if not Voting Rights Act)</li> <li>443 Housing/Accommodations</li> <li>440 Other Civil Rights</li> <li>445 Americans w/Disabilities – Employment</li> <li>446 Americans w/Disabilities – Other</li> <li>448 Education</li> </ul>	<ul> <li>M. Contract</li> <li>110 Insurance</li> <li>120 Marine</li> <li>130 Miller Act</li> <li>140 Negotiable Instrument</li> <li>150 Recovery of Overpayment &amp; Enforcement of Judgment</li> <li>153 Recovery of Overpayment of Veteran's Benefits</li> <li>160 Stockholder's Suits</li> <li>190 Other Contracts</li> <li>195 Contract Product Liability</li> <li>196 Franchise</li> </ul>	<ul> <li>N. Three-Judge Court</li> <li>441 Civil Rights – Voting (if Voting Rights Act)</li> </ul>						
V. ORIGIN									
<ul> <li>1 Original Proceeding</li> <li>2 Removed from State Court</li> <li>3 Remanded from Appellate Court</li> <li>4 Reinstated or Reopened Court</li> <li>5 Transferred from another district (specify)</li> <li>6 Multi-district</li> <li>7 Appeal to District Judge from Mag. Judge</li> </ul>									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 USC § 552 et. seq. Freedom of Information Act									
VII. REQUESTED IN COMPLAINT       CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23       DEMAND \$ JURY DEMAND:       Check YES only if demanded in complaint         VII. REQUESTED IN COMPLAINT       CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23       DEMAND \$ JURY DEMAND:       Check YES only if demanded in complaint									
VIII. RELATED CASE(S)       (See instruction)       YES       NO       If yes, please complete related case form         IF ANY       If yes, please complete related case form       If yes, please complete related case form									
DATE:9/9/2022	SIGNATURE OF ATTORNEY OF REC	CORD/S/ C. Pete	r Sorenson						

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.