CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)									
I. (a) PLAINTIFFS				DEFENDANTS					
Government Accountability & Oversight				Federal Deposit Insurance Corporation					
,				·					
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888			COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(EXC	CEPT IN U.S. P	LAINTIFF 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 ADDRESS	S, AND TELEPHONE NUMBER)	ATTORNEYS (IF KNOWN)					
Hardin Law Office	tivie, reduces.	5,711D TEELI HONEHONBER	,	ATTORNETS (IF KNOWN)					
1725 I Street NW, Suite 300									
Washington, DC 20006									
	500								
202-802-1948									
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 Fa	deral Question	PTF DFT PTF DFT						
Plaintiff		S. Government Not a Party)	Citizen of this State 1 Incorporated or Principal Place 4 4						
T MINTELLY	(0.	S. Government (vot a raity)	Citizen on	— — — — — — — — — — — — — — — — —	of Business in This State				
					of Business in This State				
2 U.S. Government		versity	Citizen of	Another State 2 2	Incorporated and Principal Place 5				
Defendant		dicate Citizenship of			of Business in Another State				
	Pa	rties in item III)	Citizen or Subject of a						
			Foreign Co	ountry —	Foreign Nation				
(DI V.				AND NATURE OF SUIT	N N (00 to				
(Place an X i	in one categ	ory, A-N, that best repres	sents your	Cause of Action and one in a c	corresponding Nature of Suit)				
A. Antitrust	□ B. <i>F</i>	Personal Injury/		C. Administrative Agency	D. Temporary Res	straining			
		<i>Salpractice</i>		Review	Order/Prelimin				
410 4 111	173	in proceed		110,700,7	Injunction				
410 Antitrust	310 Ai	rplane		151 Medicare Act	injunction				
	315 Ai	rplane Product Liability			Any nature of suit from any	category			
	320 Assault, Libel & Slander		Socie	d Security	This nature of suit from any	category			
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	330 Fe	deral Employers Liability		861 HIA (1395ff) 862 Black Lung (923)	may be selected for this categories case assignment.	gory of			
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G. Habeas Corpus/ 2255	H. Employment Discrimination	I. FOIA/Privacy Act	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)	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							
Proceeding from State from Appellate or Reopened district (specify) Court Court Gourt Gourt Gourt Gourd Government of the first of the							
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., failure to issue lawful/timely determination in response to expedited FOIA request & produce records.							
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: May 5, 2023	SIGNATURE OF ATTORNEY OF REC	CORD/s/Matthew	D. Hardin				

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.