CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)								
I. (a) PLAINTIFFS		DEFENDANTS						
INFORMED CONSEN 2025 Guadalupe Stree Austin, Texas 78705	IT ACTION NETWORK, et, Suite 260	1 6	SOCIAL SECURITY ADMINISTRATION, 1100 West High Rise 6401 Security Boulevard Baltimore. MD 21235					
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF TRAVIS, TX (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 (FIRMNAME,	, ADDRESS, AND TELEPHONE NUMBER	R) A	ATTORNEYS (IF KNOWN)					
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!						
O 1 U.S. Government Plaintiff	3 Federal Question (U.S. Government Not a Party)	Citizen of this	PTF DF	I Incorpora	$\begin{array}{c} \text{PTF} \text{DFT} \\ \text{ated or Principal Place} \\ \hline \begin{array}{c} 0 \\ 4 \\ \end{array} \\ \hline \begin{array}{c} 0 \\ 4 \\ \end{array} \\ \hline \begin{array}{c} 4 \\ \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} 4 \\ \end{array} \\ \hline \begin{array}{c} 4 \\ \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} 4 \\ \end{array} \\ \end{array} \\ \hline \begin{array}{c} 4 \\ \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c} 4 \\ \end{array} \\ \hline \end{array} \\ \\ \hline \end{array} \\ \hline \end{array} \\ \hline \end{array} \\ \\ \end{array} \\ \hline \end{array} \\ \end{array} \\$			
2 U.S. Government Defendant	• 4 Diversity (Indicate Citizenship of	Citizen of And	other State O 2 O	2 Incorpor	ated and Principal Place O_5 O_5			
	Parties in item III)	Citizen or Sub Foreign Coun			Nation O 6 O 6			
	IV. CASE ASSIC	 GNMENT A	ND NATURE OF SU	IT				
(Place an X in one category, A-N, that best represents your Cause of Action and <u>one</u> in a corresponding Nature of Suit)								
O A. Antitrust O) B. Personal Injury/ Malpractice	O C.	O C. Administrative Agency Review		O D. Temporary Restraining Order/Preliminary Injunction			
410 Antitrust	 310 Airplane 315 Airplane Product Liability 320 Assault, Libel & Slander 330 Federal Employers Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle 355 Motor Vehicle Product Liability 360 Other Personal Injury 362 Medical Malpractice 365 Product Liability 367 Health Care/Pharmaceutical Personal Injury Product Liability 368 Asbestos Product Liability 		 Medicare Act <u>Security</u> HIA (1395ff) Black Lung (923) DIWC/DIWW (405(g)) SSID Title XVI SRSI (405(g)) <u>Statutes</u> Agricultural Acts Environmental Matters Other Statutory Actions Administrative Agency i Involved) 	Any nature of suit from any category may be selected for this category of case assignment. *(If Antitrust, then A governs)*				
O E. General Civil (Other) OR O F. Pro Se General Civil								
Real Property 210 Land Condemnation 220 Foreclosure 230 Rent, Lease & Eject 240 Torts to Land 245 Tort Product Liabil 290 All Other Real Prop Personal Property 370 Other Fraud 371 Truth in Lending 380 Other Personal Property Damage Product Liability	ttment + 423 Withdrawal 28 U Prisoner Petitions 535 Death Penalty 540 Mandamus & O 550 Civil Rights 555 Prison Condition 560 Civil Detainee – of Confinement	USC 157 ther ns Conditions iated New n	Federal Tax Suits 870 Taxes (US pladefendant) 871 IRS-Third Part 7609 Forfeiture/Penalty 625 Drug Related Property 21 U 690 Other Other Statutes 375 False Claims 376 Qui Tam (31 U) 400 State Reapport 430 Banks & Bani 450 Commerce/IC 460 Deportation 462 Naturalization	rty 26 USC Seizure of SC 881 Act USC rtionment king 'C Rates/etc	 465 Other Immigration Actions 470 Racketeer Influenced & Corrupt Organization 480 Consumer Credit 485 Telephone Consumer Protection Act (TCPA) 490 Cable/Satellite TV 850 Securities/Commodities/ Exchange 896 Arbitration 899 Administrative Procedure Act/Review or Appeal of Agency Decision 950 Constitutionality of State Statutes 890 Other Statutory Actions (if not administrative agency review or Privacy Act) 			

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 ○ 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) 	 O I. FOIA/Privacy Act ■ 895 Freedom of Information Act ■ 890 Other Statutory Actions (if Privacy Act) 	 J. Student Loan 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						
I Original Proceeding 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened Court 5 Transferred from another district (specify) 6 Multi-district Litigation 7 Appeal to District Judge from Mag. Judge 8 Multi-district Litigation – Direct 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. § 552						
VII. REQUESTED IN COMPLAINT CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P.23 DEMAND \$ Check YES only if demanded in complaint YES 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:May 23, 2023	SIGNATURE OF ATTORNEY OF REC	CORD/s/ Elizabeth	A. Brehm			

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.