CIVIL COVER SHEET

L (a) PLAINTIFFS											
I. (a) PLAINTIFFS				DEFENDANTS LLS Contors for Medicare & Medicinid Services							
Government Accountability & Oversight				_	U.S. Centers for Medicare & Mediciaid Services						
					u.S. Department of Health & Human Services						
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(b) COUNTY OF RESIDEN	CE OF FIRST L C EPT IN U.S. P	ISTED PLAINTIFF 88888 LAINTIFF CASES)		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)							
(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER))	NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED ATTORNEYS (IF KNOWN)							
Hardin Law Office	TIVIL, ADDICES	, AND TELEFITONE NOMBER	.)	MITORIVET	B (II KI 10 1	****)					
1725 I Street NW, S	uite 300										
Washington, DC 20006											
202-802-1948											
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!								
			PTF DFT PTF DFT								
1 U.S. Government Plaintiff	3 Federal Question (U.S. Government Not a Party)		Citizen	of this State	is State O1 O1 I			acorporated or Principal Place 0 4 0 4			
		2,	CHECH	or this state	Ū			ess in This State			
② 2 U.S. Government	4 Dir	versity	Citizen	of Another State	State 2		Incomon	ated and Principal Plac	e O 5	O 5	
Defendant		dicate Citizenship of			•	•		ess in Another State		١	
	Pa	rties in item III)		or Subject of a	O 3	O 3		T-41	\bigcap 6	O 6	
			Foreign	Country		Foreign 1		Nation	O v	O ·	
		IV. CASE ASSIC	NMEN	T AND NA	TURE O	F SUIT					
(Place an X i	in one categ	ory, A-N, that best repre	sents yo	ur Cause of A	ction and	<u>one</u> in a	corresp	onding Nature of S	uit)		
O A. Antitrust	O B. F	Personal Injury/	0	C. Admir	istrative	Agenc	v	O D. Tempo	rary Resi	training	
	M	<i>lalpractice</i>		Reviev		0 .	•		Prelimina		
410 Antitrust	310 Ai	rnlana		151 Madicar	o Act			Injunct	ion		
		rplane Product Liability	_	151 Medicare Act							
		sault, Libel & Slander	Social Security					Any nature of suit from any category may be selected for this category of			
	330 Fe	deral Employers Liability	⊢∣⊨	861 HIA (13	case assignment. *(If Antitrust, then A governs)*						
	340 M			862 Black Li 863 DIWC/D							
		arine Product Liability otor Vehicle		864 SSID Ti							
		otor Vehicle Product Liabil	ity 🗀	865 RSI (405(g))							
		her Personal Injury	Other Statutes 891 Agricultural Acts								
	362 M	edical Malpractice									
	365 Product Liability			OSS EUVITOR	893 Environmental Matters 890 Other Statutory Actions (If						
367 Health Care/Pharmaceutical						ctions (If					
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G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien	2255 Discrimination 0 Habeas Corpus – General 0 Motion/Vacate Sentence 3 Habeas Corpus – Alien Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin,		J. Student Loan 152 Recovery of Defaulted Student Loan (excluding veterans)					
Detainee	religion, retaliation) *(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 1 Original Proceeding Proceeding Court								
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 determination & produce records responsive to FOIA request.								
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ n/a JURY DEMAND: Check YES only if demanded in complaint YES NO								
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form					
DATE:Nov. 27, 2023	Nov. 27, 2023 SIGNATURE OF ATTORNEY OF RECORD /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 ir 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.