Case 1:24-cv-00204-CJN Document 1-6 Filed 01/23/24 Page 1 of 2

CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)											
I. (a) PLAINTIFFS				DEFENI	DEFENDANTS						
INFORMED CONSENT ACTION NETWORK				AGENCY FOR HEALTHCARE RESEARCH AND QUALITY							
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2025 Guadalupe St		260		5600 Fishers Lane							
Austin, Texas 78705				Rockville, MD 20857							
(b) COUNTY OF RESIDEN	CEOFFIRSTL	ISTED PLAINTIFF Travis,	TX	COUNT	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(EXC	CEPT IN U.S. P	LAINTIFF CASES)				PLAINTI	FF CASES ONLY)	I AND INVOLV	ED		
(a) ATTODNEVS (EIDMNIA	ME ADDDES	S, AND TELEPHONE NUMBER)	NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED A TTOD NEVS (IE PNOWN)					ED		
(c) ATTORNETS (TRWINS	IWIE, ADDRES	S, AND TELLI HONE WONDER	.)	ATTORNEYS (IF KNOWN)							
II. BASIS OF JURISI	DICTION		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR								
(PLACE AN x IN ONE B								ERSITY CASES ONLY			
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1 U.S. Government Plaintiff	3 Federal Question (U.S. Government Not a Party)		Citizen of this State 01			O 1 Incorpor		(1 D : : 1D1	O 4	O 4	
Flallitill			Citizen o	this State				porated or Principal Place 4 4 5 iness in This State			
					_	_	or busine	ss III THIS State	_		
② 2 U.S. Government		versity	Citizen o	f Another Stat	○ 2	\bigcirc 2	Incorporated and Principal Place of Business in Another State		e O 5 O 5	O 5	
Defendant		dicate Citizenship of								_	
	Pa	rties in item III)	Citizen o	r Subject of a	O 3	O 3					
			Foreign	Country	0 5	Foreign 1		Nation	\bigcirc 6	O 6	
		IV. CASE ASSIG	SNMEN	Γ AND NA	TURE O	F SUIT					
(Place an X	n one categ	ory, A-N, that best repres	sents you	r Cause of A	ction and	<u>one</u> in a	corresp	onding Nature of Su	it)		
O A. Antitrust	O B. F	Personal Injury/		C Adm	nictuativ	Agana		O D. Tempor	am Dast	uninina	
O A. Antitrust				C. Admi		Agenc	y	- · · · · · · · · · · · · · · · · · · ·			
	IV.	<i>lalpractice</i>		Revie	w			Order/Preliminary			
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		rplane	151 Medicare Act								
315 Airplane Product Liability 320 Assault, Libel & Slander			Social Security				Any nature of suit from any category				
			So	ial Security				*			
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O G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence	O H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex,	○ I. FOIA/Privacy Act × 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	O J. Student Loan 152 Recovery of Defaulted Student Loan						
463 Habeas Corpus – Alien Detainee	national origin, discrimination, disability, age, religion, retaliation)	*(If pro se, select this deck)*	(excluding veterans)						
	(If pro se, select this deck)	<u> </u>							
K. Labor/ERISA (non-employment)	O L. Other Civil Rights (non-employment)	M. Contract	N. Three-Judge Court						
	, , ,	110 Insurance	Comi						
710 Fair Labor Standards Act 720 Labor/Mgmt. Relations	441 Voting (if not Voting Rights Act)	120 Marine 130 Miller Act	441 Civil Rights – Voting						
740 Labor Railway Act	443 Housing/Accommodations	140 Negotiable Instrument	(if Voting Rights Act)						
751 Family and Medical	440 Other Civil Rights	150 Recovery of Overpayment							
Leave Act 790 Other Labor Litigation	445 Americans w/Disabilities – Employment	& Enforcement of Judgment							
791 Empl. Ret. Inc. Security Act	446 Americans w/Disabilities –	153 Recovery of Overpayment							
	Other 448 Education	of Veteran's Benefits 160 Stockholder's Suits							
		190 Other Contracts							
		195 Contract Product Liability 196 Franchise							
V. ORIGIN									
O 1 Original Proceeding of the State of the									
Court Court district (specify) 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									
VII. REQUESTED IN COMPLAINT CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ UNDER F.R.C.P. 23 DEMAND \$ UNDER F.R.C.P. 23 DEMAND \$ UNDER F.R.C.P. 23									
VIII. RELATED CASE(S) (See instruction) If yes, please complete related case form IF ANY									
DATE: January 23, 2024 SIGNATURE OF ATTORNEY OF RECORD/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 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.