## CIVIL COVER SHEET

I (a) PLAINTIFFS											
JS-44 (Rev. 11/2020 DC)  I. (a) PLAINTIFFS					DEFENDANTS						
SANTA FE FOREST COALITION				UNI	UNITED STATES DEPARTMENT OF						
ONIVINI ET ONEOT CONCINCIO				_	AGRICULTURE FOREST SERVICE						
				Adi	AGRICULTURE FUREST SERVICE						
(b) COLINITY OF RECIDEN	CEOEEIDCTI	10TED DI AINTEE 88888		COL	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888  (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) ATTOPNEVS (FIRM NA	ME ADDRESS	S, AND TELEPHONE NUMBER	)	_	NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED  ATTORNEYS (IF KNOWN)						
C. Peter Sorenson,			.)	ATTO	ALIS (II KIVOV	V1V)					
P.O. Box 10836	Solelison	Law LLC									
Eugene, OR 97440 541-606-9173											
341-000-9173											
II. BASIS OF JURISI	DICTION		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR								
(PLACEAN x IN ONE BOX ONLY)			PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!								
1 U.S. Government	3 Fe	deral Question	PTF DFT PTF DFT							_	
Plaintiff	(U.	S. Government Not a Party)	Citizen	of this State	e <b>O</b> 1	$\bigcirc$ 1		ated or Principal Place	<b>O</b> 4	<b>O</b> 4	
_	_						of Busine	ess in This State			
2 U.S. Government		versity	Citizen	of Another	other State 0 2		Incorpor	ated and Principal Place	<b>O</b> 5	<b>O</b> 5	
Defendant		dicate Citizenship of			_	_	of Busine	ess in Another State	- 0		
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		IV. CASE ASSIC	NMEN	T AND	NATURE O	F SUIT	Γ				
(Place an X	in one categ	ory, A-N, that best repre	sents yo	ur Cause	of Action and	one in a	corresp	onding Nature of Su	it)		
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410 Antitrust		-		_				Injunctio		- ,	
410 Andu ust	310 Ai	•		151 Medicare Act			Any nature of suit from any category may be selected for this category of case assignment.				
		rplane Product Liability	So	Social Security							
		sault, Libel & Slander deral Employers Liability		861 HIA (1395ff) 862 Black Lung (923)							
	340 Marine 345 Marine Product Liability 350 Motor Vehicle			863 DIWC/DIWW (405(g))			*(If Antitrust, then A governs)*				
				_	•	(5))		(II Alluluust, tilcii A	A governs	)*	
	_	·		864 SSI	D Title XVI	3(S))		(ii Andu ust, then A	A governs	)*	
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	O I. FOIA/Privacy Act	O 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									
O 1 Original Proceeding From State Court									
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 Freedom of Information Act									
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) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form						
DATE: 02/19/2024	SIGNATURE OF ATTORNEY OF REC	cord/s/ C. Peter	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 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.