CIVIL COVER SHEET

I. (a) PLAINTIFFS				FAX 100,000 700,000	DEFENDANTS						
Center for Immigration Studies				U.S. Immigration and Customs Enforcement							
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(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF				COUN	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(EXC	EPT IN U.S. F	PLAINTIFF CASES)		(IN U.S. PLAINTIFF CASES ONLY) NOTE IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACE OF LAND INVOLVED.						'FD	
(c) ATTORNEYS (FIRM NA	ME, ADDRES	S, AND TELEPHONE NUMBER)		NEYS (IF KNOV						
Colin M. Farnsworth			<u>^</u>			,					
1629 K Street, NW,											
Washington, DC 20006											
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U.S. Government	O 3 Fe	3 Federal Question			rir	_			_	-	
Plaintiff	(U	S. Government Not a Party)	Citizen o	of this State	Οı	\mathbf{O}	Incorpor	ated or Principal Place	O_4	O 4	
② 2 U.S. Government	O 4 D	iversity	Catalana	CA	0	0.	of Busine	ess in This State	<u> </u>		
Defendant	Defendant (Ir			of Another S	0 -	O 2		ated and Principal Place ess in Another State	O 5	O 5	
		arties in item III)	Citizen o Foreign	or Subject of Country	fa O3	O 3	Foreign 1	Nation	O 6	O 6	
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(Place an Vi	in one cate	IV. CASE ASSIC	INMEN	TANDN	NATURE O	FSULL			on.		
		gory, A-N, that best repre	sents you	ir Cause o	f Action and	one in a	corresp	onding Nature of Sui	(t)		
O A. Antitrust	O B. Personal Injury/ Malpractice		0		C. Administrative Agency Review			O D. Temporary Restraining Order/Preliminary			
410 Antitrust		, , ,		Review				Injunction			
- Tro Andreast		irplane	151 Medicare Act					Injunction			
	☐ 315 A	irplane Product Liability	1			Any nature of suit from any category					
		ssault, Libel & Slander	50	Social Security 861 HIA (1395ff) 862 Black Lung (923) 863 DIWC/DIWW (405(g)) 864 SSID Title XVI 865 RSI (405(g)) Other Statutes 891 Agricultural Acts 893 Environmental Matters				may be selected for this category of case assignment.			
		ederal Employers Liability	-								
	340 N		-								
	345 N	larine Product Liability						*(If Antitrust, then A	*(If Antitrust, then A governs)*		
	200 - 100 -	lotor Vehicle									
		lotor Vehicle Product Liabi	ity C								
	360 O	ther Personal Injury									
	362 N	ledical Malpractice									
	365 P	roduct Liability									
	367 H	ealth Care/Pharmaceutical	890 Other Statutory Actions (If								
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Case 1:24-cv-01227 Document 1-5 Filed 04/25/24 Page 2 of 2

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)	X 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)*						
O 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	O M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	O N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
V. ORIGIN								
O 1 Original Proceeding Proceeding Court O 3 Remanded from Appellate Court O 4 Reinstated or Reopened O 5 Transferred from another district (specify) O 6 Multi-district O 7 Appeal to District Judge from Mag. Judge								
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.)								
VII. REQUESTED IN COMPLAINT CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND S JURY DEMAND: Check YES only if demanded in complaint YES NO X								
VIII. RELATED CASE(S) (See instruction) IF ANY (See instruction) YES NO If yes, please complete related case form								
DATE: 4/25/24 SIGNATURE OF ATTORNEY OF RECORD								

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 category</u>. 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