## CIVIL COVER SHEET

I. (a) PLAINTIFFS			DEFENDANTS												
			U.S. DEPARTMENT OF HOMELAND SECURITY												
JUDICIAL WATCH, INC			U.S. DEPARTIVIENT OF HOWIELAND SECONT												
					ver or	nin am i ta	OTED DEPENDANT								
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF  (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  ATTORNEYS (IF KNOWN)												
(c) ATTORNEYS (FIRM NAME, ADDRES	S, AND TELEPHONE NUMBER)		ATTORNETS	(II KNOW	14)										
Lauren M. Burke Judicial Watch, Inc.															
425 3rd Street, SW, Ste. 800															
Washington, D.C. 20024															
II. BASIS OF JURISDICTION		III CITI	ZENSHIP O	F PRIN	CIPAL.	PARTI	ES (PLACE AN x IN ONE BO	X FOR							
(PLACE AN x IN ONE BOX ONLY)		PLAINTIFF	AND ONE BOX	K FOR DEF	ENDAN	) FOR DI	IVERSITY CASES ONLY!								
1 U.S. Government 3 Federal Question		PTF DFT					D4 O4								
Plaintiff (U	J.S. Government Not a Party)	Citizen of t	this State	<b>O</b> 1	<b>O</b> 1		orated or Principal Place \times  iness in This State	J 4 U 4							
0 41	Niversity .	Ciri	A mathan Stata	On	<b>O</b> 2	**		35 05							
Defendant (	Diversity Indicate Citizenship of	Citizen of A	Another State	<b>O</b> 2	<b>U</b> 2		rporated and Principal 0 5 0 5 e of Business in Another State								
	arties in item III)		Citizen or Subject of a 3 3				,	06 06							
		Foreign Co	ountry			Foreign	n Nation								
	IV. CASE ASSI						100 - 100 -	Web							
(Place an X in one ca	egory, A-N, that best repr														
	Personal Injury/	0	C. Adminis	trative 2	<b>Agency</b>		O D. Temporary R								
Malpractice			Review		Order/Preliminary										
410 Antitrust 310 A	rplane	1:	51 Medicare A	<b>Act</b>			Injunction								
	rplane Product Liability	Social Security					Any nature of suit from any category								
330 Federal Employers Liability  340 Marine  345 Marine Product Liability  350 Motor Vehicle  355 Motor Vehicle Product Liability			861 HIA (1395ff) 862 Black Lung (923)				may be selected for this category of case assignment.  *(If Antitrust, then A governs)*								
										865 RSI (405(g))					
										ther Statutes 891 Agricultural Acts					
			362 Medical Malpractice			93 Environme									
			365 Product Liability			890 Other Statutory Actions (If									
367 Health Care/Pharmaceutical Personal Injury Product Liability			Administrative Agency is												
368 Asbestos Product Liability Involved)															
			<b>5</b> E 22	C- C	au e I O'	:1									
O E. General Civil (Other)	OR	(	Forfeitur			vii									
Real Property 210 Land Condemnation Bankruptcy 422 Appeal 27 USC 158			625	<u>e/Penalty</u> Drug Rela	480 Consumer Cree										
220 Foreclosure 423 Withdrawal 28 USG		SC 157 Property 21 USC 881				490 Cable/Satellite TV									
230 Rent, Lease & Ejectment		690 Other			850 Securities/Commodities/ Exchange										
245 Tort Product Liability 535 Death Penalty						896 Arbitration									
290 All Other Real Property 540 Mandamus & Other		er Other Statutes 375 False Claims Act			899 Administrative Procedure										
Personal Property 550 Civil Rights 555 Prison Conditions		i	400 State Reapportionment			Act/Review or Appeal of Agency Decision									
Personal Property  370 Other Fraud  555 Prison Conditions  560 Civil Detainee – Con		onditions 430 Banks & Banking			950 Constitutionality of State										
371 Truth in Lending of Confinement		450 Commerce/ICC				Statutes									
380 Other Personal Property Property Rights			Rates/etc.  460 Deportation				890 Other Statutory Actions (if not administrative agency								
385 Property Damage 820 Copyrights			462 Naturalization			review or Privacy Act)									
Product Liability \$30 Patent			Application												
840 Trademark			465 Other Immigration Actions			n									
Federal Tax Suits		rc	470 Racketeer Influenced			iced									
870 Taxes (US plaintiff or defendant)		n or	& Corrupt Organization			ization									
1		26 USC 7609													

## Case 1:16-cv-00863 Document 1-2 Filed 05/06/16 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)*						
○ 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 Court State Court State Court State Court Reopened State Court State Court Reopened State Court Reopened State Court Reopened State Court Reopened State Court State Court Reopened State Court Reopened State Court State Court Reopened State Court State Court State Court Reopened State Court State C								
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  JU	Check Y RY DEMAND: YES	YES only if demanded in complaint					
VIII. RELATED CASE(S) (See instruction)  IF ANY  (See instruction)  YES  O  If yes, please complete related case form								
DATE:05/06/16	SIGNATURE OF ATTORNEY OF REC	cord Tamen	Sculle					

## 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.

- 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</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.