Case 1:16-cv-01609-ABJ Document 1-1 Filed 08/08/16 Page 1 of 2 CIVIL COVER SHEET

I CAN THE A PROPERTY.												
I. (a) PLAINTIFFS				DEFENDANTS								
BRENNAN CENTER FOR JUSTICE				DE	DEPARTMENT OF HOMELAND SECURITY					·		
11001					COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT							
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001 (EXCEPT IN U.S. PLAINTIFF CASES)				- l '		(IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED						
		, AND TELEPHONE NUMBER	3	NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED ATTORNEYS (IF KNOWN)								
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David L. Sobel	NIM Su	ito 640										
5335 Wisconsin Ave., NW, Suite 640 Washington, DC 20015												
202-246-6180												
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II. BASIS OF JURISI (PLACE AN x IN ONE B									S (PLACE AN x IN ONE E ERSITY CASES ONLY!	SOX FOR		
l <u> </u>	_ `	deral Question	122			TF	DFT	,		PTF	DFT	
1 U.S. Government Plaintiff		S. Government Not a Party)	Citizen	of this S	State () 1	\bigcirc_1	Incorpora	ated or Principal Place	O 4	O 4	
	`								ess in This State			
② 2 U.S. Government		versity	Citizen	of Anot	other State 2 2		\bigcirc_2	Incorpora	ated and Principal Place	O 5	O 5	
Defendant		dicate Citizenship of rties in item III)	1		_	_			ess in Another State			
	1 4.	tires in item inj		ı or Subje n Country		3	O ₃ Foreign		Vation	O 6	O 6	
1.00			Torong	a country	· · · · · · · · · · · · · · · · · · ·			10101611				
IV. CASE ASSIGNMENT AND NATURE OF SUIT (Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)												
(Place an X i			sents yo									
A. Antitrust		ersonal Injury/	0		Administr	ative .	Agency	,	O D. Temporar			
	l M	<i>[alpractice]</i>			Review				Order/Pre		y	
410 Antitrust	310 Ai	•	[151 Medicare Act				Injunction				
		rplane Product Liability	s	Social Security					Any nature of suit from any category may be selected for this category of case assignment. *(If Antitrust, then A governs)*			
		sault, Libel & Slander deral Employers Liability	ľ									
	340 M		[
·	345 Ma	arine Product Liability										
		otor Vehicle	/ 方									
		otor Vehicle Product Liabil her Personal Injury	ity o									
		edical Malpractice	[
	365 Product Liability			893 Environmental Matters 890 Other Statutory Actions (If								
367 Health Care/Pharmaceutical			IΓ	290 (()ther Statut	orv Act	none (II	Administrative Agency is				
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O E. General Civi	367 He Pe 368 As	ealth Care/Pharmaceutical rsonal Injury Product Liab	oility		Administrati	ve Age	ncy is	vil				
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Case 1.16-cv	/-01609-ABJ Document 1-1	Filed 08/08/16 Page 2	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)	■ 895 Freedom of Information Ac ■ 890 Other Statutory Actions (if Privacy Act)	t 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 1 Original Proceeding Court Court State Court Cou								
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) Wrongful withholding of agency records; 5 U.S.C. § 552								
	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND JUI	S Check RY DEMAND: YES	YES only if demanded in complaint NO X					
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes,	please complete related case form					
DATE:August 8, 2016	SIGNATURE OF ATTORNEY OF REC	CORD	fluid					

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 <u>only</u> 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.