Case 1:17-cv-00001-EGS Document 1-1 Filed 01/01/17 Page 1 of 2 CIVIL COVER SHEET

JS-44 (Rev. 7/16 DC)					K SHEE							
I. (a) PLAINTIFFS				DEFENDANTS								
Jason Leopold					Departme	ent of Ju	ustice					
					Department of Justice							
00000					COUNTY OF DESIDENCE OF FIDER I ICTED DEFENDANT							
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888 (EXCEPT IN U.S. PLAINTIFF CASES)					COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT							
		-		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED								
		, AND TELEPHONE NUMBER))	ATTORNEYS (IF KNOWN)								
Law Office of Jeffrey												
1712 Eye St., NW												
Suite 915												
Washington, DC 200 202-277-6213												
			NOTID C		CIDAT	DADTIE						
II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)				III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!								
	<u> </u>	1 10 1	1 2.11			PTF	DFT) <u>ronpr</u>		PTF	DFT	
1 U.S. Government Plaintiff		deral Question	C:+:	Citizen of this State O 1			\mathbf{O}^1	T	- to do a Dain sin of Disco	O 4	O 4	
Flailluit	(0.	(U.S. Government Not a Party)			State				ated or Principal Place ess in This State	\mathbf{O}	U +	
2 U.S. Government	▲ 10 ¹	versity	C'		- 4 O/					~	~	
Defendant		dicate Citizenship of	Citize	n of And	other State	O 2	O 2		ated and Principal Place	O 5	O 5	
		Parties in item III)			ject of a			of Busin	ess in Another State			
				gn Count	5	O 3	B O3 Foreig		Nation	06	06	
				-	-							
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)												
O A. Antitrust	O B. P	Personal Injury/		ОС.	Admin	istrative	Agenc	v	🔘 D. Tempora	rv Resti	raining	
Ŭ		lalpractice		Ŭ	Review		σ.	, ,	Order/Preliminary			
410 Antitrust		-		_					Injunction			
410 minutust		rplane		151 Medicare Act Social Security					Ŭ			
		rplane Product Liability							Any nature of suit from any category			
	320 Assault, Libel & Slander 330 Federal Employers Liability			861 HIA (1395ff)					may be selected for this category of case assignment.			
	340 M			862 Black Lung (923) 863 DIWC/DIWW (405(g)) 864 SSID Title XVI 865 RSI (405(g)) 9					*(If Antitrust, then A governs)*			
		arine Product Liability										
		otor Vehicle										
	355 M	otor Vehicle Product Liabili	ity									
	360 Other Personal Injury 362 Medical Malpractice			Other Statutes 891 Agricultural Acts 893 Environmental Matters								
		oduct Liability		890 Other Statutory Actions (If								
	367 Health Care/Pharmaceutical Personal Injury Product Liabil			Administrative Agency is								
	368 As	sbestos Product Liability										
	I			-	_	~						
O E. General Civi	il (Other)	OR		0	F. Pro	o Se Gen	eral C	ivil				
<u>Real Property</u>		Bankruptcy				re/Penalty				a		
210 Land Condemnation 422 Appeal 27 USC 1				_	625 Drug Related Seizure of			470 Racketeer Influenced				
220 Foreclosure 423 Withdrawal 28 U				/	Property 21 USC 881			& Corrupt Organization				
230 Rent, Lease & Ejectment 240 Torts to Land Prisoner Petitions					690	otner			490 Cable/Satel			
525 Death Benelty									850 Securities/C		ities/	
245 Tort Product Liability 290 All Other Real Property 540 Mandamus & Ot			ther		Other Statutes			Exchange	Juniou			
550 Civil Rights					375 False Claims Act			896 Arbitration				
Personal Property 555 Prison Conditions					376 Qui Tam (31 USC			899 Administrative Procedure				
370 Other Fraud 560 Civil Detainee – C			Conditions		3729(a))			Act/Review or Appeal of				
371 Truth in Lending of Confinement					400 State Reapportionment			Agency Decision				
380 Other Personal Property				430 Banks & Banking 450 Commerce/ICC			g	950 Constitutionality of State				
Damage Property Rights 280 Copyrights									Statutes			
385 Property Dama	820 Copyrights		Rates/etc.			890 Other Statutory Actions						
Product Liability		840 Trademark		460 Deportation 462 Naturalization Application			(if not administrative agency					
Federal Tax Suits 870 Taxes (US plainti								review or P	rivacy A	ct)		
			tiff or		Application 465 Other Immigration Actions							
	defendant)	,										
871 IRS-Third Party			26 US	C 7609				1				

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 ○ G. Habeas Corpus/ 2255 □ 530 Habeas Corpus – General □ 510 Motion/Vacate Sentence □ 463 Habeas Corpus – Alien Detainee 	 H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation) 	 I. FOIA/Privacy Act 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act) 	 J. Student Loan 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 O 2 Removed from State 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 O 8 Multi-district										
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 USC 552										
VII. REQUESTED IN COMPLAINT	CHECK IF THIS IS A CLASS DEMAND ACTION UNDER F.R.C.P. 23 JU	s ⁰ Check Y RY DEMAND: YES	ES only if demanded in complaint							
VIII. RELATED CASE(S) (See instruction) YES NO If yes, please complete related case form IF ANY If yes, please complete related case form If yes, please complete related case form										
DATE:1/1/2017	SIGNATURE OF ATTORNEY OF REC	ORD /s/ Jeffrey L. Light								

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.