## Case 1:17-cv-00444-CRC Document 1-7 Filed 03/13/17 Page 1 of 2

## **CIVIL COVER SHEET**

JS-44 (Rev. 7/16 DC)											
I. (a) PLAINTIFFS				DEFENDANTS							
CAUSE OF ACTION INSTITUTE				UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES and CENTERS FOR MEDICARE & MEDICAID SERVICES							
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001(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							
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	, AND TELEPHONE NUMBER)	1	ATTORNEY	S (IF KNOW	N)					
Lee A. Steven CAUSE OF ACTION INSTITUTE 1875 Eye Street N.W., Suite 800 Washington, DC 20006											
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!								
1 U.S. Government Plaintiff		deral Question S. Government Not a Party)	Citizen o	this State	PTF O 1	<b>DFT</b>		ated or Principal Pla	PTF once O 4	OFT 4	
2 U.S. Government Defendant	(Inc	versity dicate Citizenship of	Citizen of Another State		Incorpor	ated and Principal P		<b>O</b> 5			
	Pa	rties in item III)	Citizen of Foreign C	Subject of a Country			Foreign Nation		<b>O</b> 6	<b>O</b> 6	
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)											
			-								
A. Antitrust	B. Personal Injury/     Malpractice			C. Administrative Agency Review				<ul><li>D. Temporary Restraining Order/Preliminary Injunction</li></ul>			
410 Antitrust	310 Ai	rplane		151 Medicar	e Act			Injund	cuon		
		rplane Product Liability		Social Security			Any nature of suit from any category may be selected for this category of				
		ssault, Libel & Slander	Soc								
				861 HIA (1395ff)							
Ī.	330 Fe	deral Employers Liability		861 HIA (139	95ff)					ory or	
		deral Employers Liability		861 HIA (139 862 Black Lu				case assignment.		ory of	
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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)*							
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	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 S									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) FOIA, 5 U.S.C. § 552 (Improper Withholding of Records)									
	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMAND JUL	Check Y YES YES	YES only if demanded in complaint NO X						
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO K If yes, p	lease complete related case form						
DATE:3/13/2017	SIGNATURE OF ATTORNEY OF REC	CORD/s/ Lee A.	Steven						

## 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 <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.