## Case 1:17-cv-01779-RDM Document 1-1 Filed 08/31/17 Page 1 of 2

## **CIVIL COVER SHEET**

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I. (a) PLAINTIFFS			DEFENDANTS							
Western Values Project				U.S. Department of the Interior						
		00000		COLINITY OF REGIDENCE OF PIPER LIGHTS PERFORE AND 11001						
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT 11001						
(EXCEPT IN U.S. PLAINTIFF CASES)				(IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED					ED	
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)						
Jeffrey B. Dubner &	Javier M.	Guzman								
Democracy Forward Foundation										
PO Box 34553										
Washington, DC 20	043									
202-448-9090										
II. BASIS OF JURISI	NCTION		ш ст	  ZENCHID OF DD	NCIDAL	DADTIE	C (DI ACE AND DIONE	DOW FOR		
			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!							
(PLACE AN x IN ONE BOX ONLY)			1 12 111 111 1	PTF	DFT	TORDIV	ERSITT CASES ONET:	PTF	DFT	
1 U.S. Government	3 Federal Question (U.S. Government Not a Party)							O 4		
Plaintiff						ated of Timelpai Tiace				
	_					of Busine	ess in This State			
2 U.S. Government		versity	Citizen of	Another State 0	2 0 2	Incorner	ated and Principal Place 0 5		<b>O</b> 5	
Defendant		(Indicate Citizenship of					ess in Another State			
	Pa	rties in item III)		Subject of a	3			<b>^</b>	<b>^</b> .	
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O A. Antitrust	O B. P	Personal Injury/	0	C. Administrati	ve Agency	v	O D. Tempora	ry Restr	aining	
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410 Antitrust	l	•					Injunctio			
410 Andrust		rplane		151 Medicare Act						
		rplane Product Liability		-16			Any nature of suit from any category			
	320 As	sault, Libel & Slander	Social Security			may be selected for this category of				
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	345 M	arine Product Liability				*(If Antitrust, then A governs)*				
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O G. Habeas Corpus/ 2255  530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	O H. Employment Discrimination  442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	O I. FOIA/Privacy Act	O J. Student Loan  152 Recovery of Defaulted Student Loan (excluding veterans)						
	*(If pro se, select this deck)*	*(If pro se, select this deck)*							
<ul> <li>○ K. Labor/ERISA (non-employment)</li> <li>□ 710 Fair Labor Standards Act</li> <li>□ 720 Labor/Mgmt. Relations</li> <li>□ 740 Labor Railway Act</li> <li>□ 751 Family and Medical Leave Act</li> <li>□ 790 Other Labor Litigation</li> <li>□ 791 Empl. Ret. Inc. Security Act</li> </ul>	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 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 from Appellate or Reopened from another Court Court Governor Court Court Governor Court Gov									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. 552									
VII. REQUESTED IN COMPLAINT	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMAND JU	Check Y RY DEMAND: YES	TES only if demanded in complaint  NO  NO						
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form						
DATE: 8/31/17	SIGNATURE OF ATTORNEY OF REC	CORD /s/ Jeffrey I	3. Dubner						

## 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.