## CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)											
I. (a) PLAINTIFFS JUDICIAL WATCH, INC.			DEFENDANTS U.S. DEPARTMENT OF JUSTICE								
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001 (EXCEPT IN U.S. PLAINTIFF CASES) (c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)			COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT								
James F. Peterson JUDICIAL WATCH, INC. 425 Third Street, SW, Suite 8 Washington, DC 20024 (202) 646-5172		ATTOMNETS (IF	KNOWN)								
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!									
	ederal Question J.S. Government Not a Party)	Citizen of th			OFT O 1		ated or Prin	ncipal Place State	O 4	O 4	
Defendant (	ndicate Citizenship of	Citizen of A		) 2	<b>O</b> 2		ated and Pr ess in Anot	incipal Place her State	<b>O</b> 5	<b>O</b> 5	
·		Citizen or Su Foreign Cou		3 (	<b>O</b> 3	Foreign 1	Vation		<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)											
O A. Antitrust O B.	Personal Injury/ Malpractice	O C. Administrative Agency Review					O D. Temporary Restraining Order/Preliminary Injunction				
310 Airplane 315 Airplane Product Liability 320 Assault, Libel & Slander 330 Federal Employers Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle 355 Motor Vehicle Product Liability 360 Other Personal Injury 362 Medical Malpractice 365 Product Liability 367 Health Care/Pharmaceutical Personal Injury Product Liability 368 Asbestos Product Liability			Other Statutes  891 Agricultural Acts  893 Environmental Matters  890 Other Statutory Actions (If  Administrative Agency is					Any nature of suit from any category may be selected for this category of case assignment.  *(If Antitrust, then A governs)*			
O E. General Civil (Other)	OR	C	F. Pro Se	e Gener	ral Ci	ivil					
Real Property   210 Land Condemnation   220 Foreclosure   422 Appeal 27 USC 19   422 Appeal 27 USC 19   423 Withdrawal 28 U   423		C 157 er onditions	S71   RS-1   R51   RS-1   R509		Taxes (US plaintiff or defendant) IRS-Third Party 26 USC 7609  c/Penalty Drug Related Seizure of Property 21 USC 881 Other			□ 462 Naturalization			

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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  Section 1: Section 2: Section 3:	Act J. Student Loan  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	O 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	<ul> <li>N. Three-Judge Court</li> <li>441 Civil Rights − Voting (if Voting Rights Act)</li> </ul>						
V. ORIGIN									
O 1 Original Proceeding From State Court C									
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. Section 552, Freedom of Information Act. Defendant is unlawfully withholding public records.									
VII. REQUESTED IN COMPLAINT  CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMAND \$  JURY DEMAND:  Check YES only if demanded in complaint YES NO X									
VIII. RELATED CASE(S) (See instruction) IF ANY  (See instruction) YES NO X  If yes, please complete related case form									
DATE:June 7, 2018	3: June 7, 2018 SIGNATURE OF ATTORNEY OF RECORD								

## 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.