CIVIL COVER SHEET

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I. (a) PLAINTIFFS				DEFENDANTS						
JUDICIAL WATCH, INC.				CENTRAL INTELLIGENCE AGENCY						
(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					ED	
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	, AND TELEPHONE NUMBER)	· · · · · · · · · · · · · · · · · · ·	ATTORNEYS						
Lauren M. Burke										
Judicial Watch, Inc.										
425 Third Street, SV	V, Suite 80	00								
Washington, DC 20	024									
II. BASIS OF JURISE	DICTION		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR							
(PLACE AN x IN ONE BOX ONLY)					X FOR DEF	ENDANT		ERSITY CASES ONLY!		DET
1 U.S. Government	🔿 3 Fe	deral Question		PTF DFT				PTF DFT		
Plaintiff	• (U.	S. Government Not a Party)	Citizen of	this State	Оı	Оı		ated or Principal Place	O 4	O 4
-	-						of Busin	ess in This State		
• 2 U.S. Government		versity	Citizen of	Another State	O 2	O 2	Incorpor	ated and Principal Place	O 5	05
Defendant		dicate Citizenship of rties in item III)						ess in Another State		Ŭ
	Fa	mes mitem in)		Subject of a	O 3	O 3			06	06
			Foreign C	ountry			Foreign 1	Nation	0.	0 •
		IV. CASE ASSIC	NMEN			F SIIIT	٦			
(Place an X i	n one catego	ory, A-N, that best repres						onding Nature of Su	if)	
-		····								• •
O A. Antitrust		Personal Injury/	0	C. Admin		Agency	V	O D. Tempora		
	M	lalpractice	Review					Order/Preliminary		
410 Antitrust	310 Ai	rplane		151 Medicare	Act			Injunctio	п	
		rplane Product Liability		Social Security 861 HIA (1395ff) 862 Black Lung (923)			Any nature of suit from any category may be selected for this category of case assignment. *(If Antitrust, then A governs)*			
		sault, Libel & Slander	Soc							
	330 Fe	deral Employers Liability								
	🔲 340 M	arine								
	345 M	arine Product Liability		863 DIWC/DIWW (405(g))						
	350 Motor Vehicle			864 SSID Title XVI						
	550 11	355 Motor Vehicle Product Liability			(~))					
	355 M		ty L	865 RSI (405(er Statutes	(g))					
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	• 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)	X 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)*							
 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 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened district (specify) 5 Transferred from another district (specify) 6 Multi-district 7 Appeal to Litigation 9 8 Multi-district Litigation 9 0 10000000000000000000000000000000000									
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 \$ Check YES only if demanded in complaint YES Check YES only if demanded in complaint									
VIII. RELATED CASE(S) (See instruction) YES NO X If yes, please complete related case form									
DATE: (2518 SIGNATURE OF ATTORNEY OF RECORD Same Suff									

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.