## Case 1:18-cv-01799-APM Document 1-1 Filed 07/31/18 Page 1 of 2

## **CIVIL COVER SHEET**

T (-) DI A INTELLEC	DEFENDANTS									
I. (a) PLAINTIFFS				DEFENDANTS United States Department of Commerce						
Democracy Forward Foundation				United States Department of Commerce						
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				COLINER OF BEGINENGE OF EMERA AGREED PREFIX.						
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(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						
(-) ATTODNEYS (FIRM NA)	ME ADDRESS	AND TELEBUIONE NUMBER		ATTORNEYS (IF KNOWN)						
	(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)				JWN)					
Javier M. Guzman										
Karianne M. Jones										
Democracy Forward Foundation										
•										
P.O. Box 34553										
II BASIS OF HIDIST	ICTION		III CITI	ZENCHID OF DDI	NCIDAL	DADTIE	COLACE AN TIN ONE	DOV FOR		
II. BASIS OF JURISDICTION			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR							
(PLACE AN x IN ONE BOX ONLY)			PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY! PTF DFT PTF DFT							
1 U.S. Government	3 Fe	deral Question		_				_	_	
Plaintiff		S. Government Not a Party)	Citizen of	his State 0 1	<b>O</b> 1	Incorpora	ated or Principal Place	$\mathbb{O}$ 4	<b>O</b> 4	
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	_					of Busilie	usiness in This State			
2 U.S. Government	( 4 Di	versity	Citizen of	Another State 0 2	. 0 2	Incompose	stad and Drinainal Dlaga	<b>O</b> 5	<b>O</b> 5	
Defendant	(In	dicate Citizenship of		•	•		porated and Principal Place siness in Another State		, O,	
	Pa	rties in item III)	Citizan and	Subject of a	•	of Busine	ess in Another State			
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			Foreign Co	ountry		Foreign N	Nation	O v	O ·	
		IV. CASE ASSIG	NMENT	AND NATURE	OF SUIT	[				
(Place an X i	n one catego	ory, A-N, that best repres	ents your	Cause of Action an	d one in a	correspo	onding Nature of Su	it)		
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O A. Antitrust	O B. P	Personal Injury/		C. Administrativ	ve Agency	V	O D. Tempora	ry Restr	aining	
	M	<i>lalpractice</i>		Review	view		Order/Preliminary			
		F					Injunction			
410 Antitrust	310 Ai	rplane		151 Medicare Act			пјинсио	n		
		rplane Product Liability	Social Security							
						Any nature of suit from any category				
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330 Federal Employers Liability		861 HIA (1395ff)			case assignment.					
	330 Fe	ederal Employers Liability		, ,			case assignment.			
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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)	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)*							
<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 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 From Appellate From Appellate 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. 552, failure to respond to FOIA request within statutorily mandated period									
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in computation of the c									
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form						
DATE:07/31/2018	SIGNATURE OF ATTORNEY OF REC	CORD /s/ Karianne	e M. Jones						

## 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.