## **CIVIL COVER SHEET**

I. (a) PLAINTIFFS				DEFENDA	NTS						
				Department of the Navy							
James B. Bryant 1121 Savoy Street				1000 Navy Pentagon							
San Diego, CA 92107				Washington, D.C. 20350-1000							
]											
(b) COUNTY OF RESIDENCE	OF FIRST LIS	TED PLAINTIFF 88888		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT							
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888 (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							
(c) ATTORNEYS (FIRM NAM	E, ADDRESS,	AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)							
Robert J. Eatinger, Jr.											
Dunlap Bennett & Ludwig, PLLC											
8300 Boone Blvd, ST	TE 550, Vie	enna, VA 22182									
(703) 291-8961											
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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	_	eral Question			PTF	DFT		*	PTF	DFT	
Plaintiff		. Government Not a Party)	Citizen of	this State	O 1	01	Incorpora	ated or Principal Place	<b>O</b> 4	O 4	
								ess in This State			
2 U.S. Government	O 4 Dive		Citizen of	Another State	<b>O</b> 2	<b>O</b> 2	Incorpora	ated and Principal Plac	e <b>O</b> 5	05	
Defendant		licate Citizenship of ites in item III)				•		ess in Another State			
	1 ait	ics in item in)	Citizen or Foreign C	Subject of a	<b>O</b> 3	<b>O</b> 3	Foreign 1	Nation	06	06	
			1 oreign C	ountry			Toleigh	vation			
		IV. CASE ASSIG									
(Place an X in	one categor	ry, A-N, that best repres	ents your	Cause of Acti	ion and	one in a	correspo	onding Nature of St	uit)		
O A. Antitrust	O B. Pe	ersonal Injury/	0	C. Admini	strative	Agency	v	O D. Tempor	ary Resti	raining	
	Ma	alpractice		Review				Order/Pi	reliminai	ry	
410 Antitrust	310 Air	nlane		151 Medicare	Act			Injunction	on		
		plane Product Liability		131 Wedicare Act				Any noture of suit from any sategory			
	320 Ass				cial Security			Any nature of suit from any category may be selected for this category of			
			OC1 TITA (1205	00			may be selected for	this catego	ory of		
	-	leral Employers Liability		861 HIA (1395				case assignment.	tnis catego	ory of	
	340 Mai	rine		862 Black Lun	ıg (923)	(g))		case assignment.			
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## Case 1:19-cv-02004 Document 1-4 Filed 07/05/19 Page 2 of 2

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 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 produce records requested under the FOIA withing statutory time period.								
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in complaint YES NO X								
VIII. RELATED CASE(S) (See instruction)  YES NO X  If yes, please complete related case form								
DATE: July 5, 2019	SIGNATURE OF ATTORNEY OF REC	CORD	Th					
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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.