## Case 1:19-cv-03652 Document 1-1 Filed 12/06/19 Page 1 of 2 CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)										
I. (a) PLAINTIFFS				DEFENDANTS						
Ram Chen				Department of Health & Human Services						
Train Oligii				Department of Health & Human Services						
		00000								
(b) COUNTY OF RESIDENCE	CE OF FIRST LI	STED PLAINTIFF 88888		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
(EXC	CEPT IN U.S. P.	LAINTIFF CASES)		NOTE: IN	LAND CONDE	(IN U.S	. PLAINTII	FF CASES ONLY)  E LOCATION OF THE TRA	CT OF LAND INVOLU	/ED
(a) ATTORNEYS (FIRM NA	ME ADDRESS	, AND TELEPHONE NUMBER)					ASES, USE THE	E LOCATION OF THE TRA	ACT OF LAND INVOLV	/ED
		,		ATTORNEYS	(IF KNOW	N)				
Daniel J. Stotter, Sto										
408 SW Monroe Ave	e., Ste. M2	10E								
Corvallis, OR 0973	333									
(541) 738-2601										
(341) 730-2001										
II. BASIS OF JURISI	DICTION		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR							
(PLACE AN x IN ONE BOX ONLY)								ERSITY CASES O		
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1 U.S. Government		3 Federal Question								_
Plaintiff	(U.	S. Government Not a Party)	Citizen of	this State	$\bigcirc$ 1	$\bigcirc$ 1	Incorpora	ated or Principal F	Place 4	O 4
								ess in This State		
@ 2115 Ca	O 45		0							
2 U.S. Government		versity	Citizen of	Another State	O 2	$\bigcirc$ 2	Incorpora	ated and Principal	Place 0 5	O 5
Defendant		dicate Citizenship of						ess in Another Sta	2 1000	
	Pa	rties in item III)	Citizen or	Subject of a	$\bigcirc$ 3	$\bigcirc$ 3	40111	onlor ota	_	_
			Foreign C	ountry			Foreign 1	Vation	O 6	O 6
		IV. CASE ASSIC	NMENT	CAND NAT	TIREO	E SIIII	Γ			
(Dlass on V								11 N.	66 11	
(Place an X I	in one catego	ory, A-N, that best repres	sents your	Cause of Ac	tion and	one in a	correspo	onding Nature	of Suit)	
O A. Antitrust	O B. P	Personal Injury/	0	C. Admin	istrative	Agone	12	O D. Ten	porary Rest	rainina
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	2111 A i	rnlane	151 Medicare Act							
	310 Ai	-		131 Medicare						
		rplane Product Liability						Any nature of	suit from any c	ategory
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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 Court Cour								
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, Freedom of Information Act (FOIA)								
VIII. ILL VELDILL III	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMANI JU	Check RY DEMAND: YES	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: 12/6/19	SIGNATURE OF ATTORNEY OF REC	CORD Det SAVY	)					

## 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.