## Case 1:20-cv-00698-RCL Document 1-18 Filed 03/10/20 Page 1 of 2

## **CIVIL COVER SHEET**

I. (a) PLAINTIFFS			DEFENDANTS						
Douglas Baldwin			United States Department of Justice						
	99999		COLINER OF DEGIDENCE OF FIDURE LIGHTED PRINTS AND						
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888			COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)						
(EXCEPT IN U.S. PLAINTIFF CASES)			NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED						
(c) ATTORNEYS (FIRM NAME, ADDR	(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)			ATTORNEYS (IF KNOWN)					
Gibbons P.C.									
500 North Capitol Street NW, Suite 310									
Washington, District of Columb									
	la 2000 1-155 1								
Tel: 202-655-2760									
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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						DFT	
1 U.S. Government 3	Federal Question		_				_	_	
Plaintiff	(U.S. Government Not a Party)	Citizen of th	nis State 0 1	$\bigcirc$ 1	Incorporat	ed or Principal Place	$O_4$	<b>O</b> 4	
						s in This State			
② 2 U.S. Government ② 4	Diversity	Citizen of A	another State 2	<b>O</b> 2			O 5	<b>^</b> 5	
Defendant	(Indicate Citizenship of	Citizen of A	inother state 0 2			ed and Principal Place	O 5	O 5	
	Parties in item III)	Citizen or S	ubject of a		of Busines	s in Another State			
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		1 oreign cot	inu y		1 oreign ive	ation	•		
	IV. CASE ASSIG	NMENT	AND NATURE O	F SUIT					
(Place an X in one cat	egory, A-N, that best repres				correspor	nding Nature of Sui	it)		
						_			
O A. Antitrust O B.	Personal Injury/	0 0	C. Administrative	Agency		O D. Tempora			
	Malpractice	Review				Order/Preliminary			
410 Antitrust			<b></b>			Injunctio	n		
	Airplane	L 1	51 Medicare Act						
	Airplane Product Liability	Social	Social Security 861 HIA (1395ff)			Any nature of suit from any category may be selected for this category of			
· · · · · · · · · · · · · · · · · · ·	Assault, Libel & Slander								
	Federal Employers Liability		862 Black Lung (923)			case assignment.			
340	Marine		<u> </u>		\$/TO 1 .01 .1 .1				
345	345 Marine Product Liability		863 DIWC/DIWW (405(g))			*(If Antitrust, then A governs)*			
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350	Motor Vehicle		364 SSID Title XVI						
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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)	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									
O 1 Original Proceeding Proceeding Court State Court S									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 USC § 552 "Freedom of Information Act." Defendant has unlawfully withheld records validly requested by plaintiff.									
	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMAND JUI	S Check Y YES YES	YES only if demanded in complaint NO X						
VIII. RELATED CASE(S) (See instruction)  IF ANY  (See instruction)  YES  NO  If yes, please complete related case form									
DATE: 3/10/2020	SIGNATURE OF ATTORNEY OF REC	NATURE OF ATTORNEY OF RECORD s/ Michael R. Griffinger							

## 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.