## **CIVIL COVER SHEET**

JS-44 (Rev. 6/17 DC)												
I. (a) PLAINTIFFS				DEFEND.	ANTS				***************************************			
IAMES MUDTACL	ı			l and the second								
JAMES MURTAGH				U.S. DEPARTMENT OF VETERANS AFFAIRS								
6120 Harbour Over				810 Vermont Avenue, N.W.								
Alpharetta Ga 3000	05			Washington, DC 20420								
										H.		
(b) COLINETY OF RESIDENCE	CE OF FIDER I	STED PLAINTIFF 88888		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT N/A						_		
(b) COUNTY OF RESIDENC	CEPTINISIL	LAINTIFF CASES)		(IN U.S. PLAINTIFF CASES ONLY)								
				NOTE: IN LAND CONDEMNATION CASES, USE THE LO					AND INVOLV	ED		
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)								
F. Douglas Hartnett												
Eliotk &Hartnett at L												
1101 - 30th Street,												
										1		
Washington, DC 20	007									- 1		
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II. BASIS OF JURISI								S (PLACE AN x IN ONE I	BOX FOR	ı		
(PLACE AN x IN ONE BOX ONLY)			PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY PTF DFT					ERSITY CASES UNLY!	PTF	DFT		
1 U.S. Government		deral Question			_	-			_			
Plaintiff	(U.	S. Government Not a Party)	Citizen of	this State	$\bigcirc$ 1	<b>O</b> 1	Incorpora	ated or Principal Place	<b>O</b> 4	O 4		
								ess in This State		1		
2 U.S. Government	() 4 Di	versity	Citizen of	Another State	nother State 2 2				0.5	0.		
Defendant		dicate Citizenship of	Citizon or	Thiother State	02	0 2		ated and Principal Place	<b>O</b> 5	O 5		
		rties in item III)	Citizen or	Subject of a	0.	0.	of Busine	ess in Another State		- 1		
		ŕ	Foreign C		$\bigcirc$ 3	$\bigcirc$ 3	Foreign 1	Notion	<b>O</b> 6	06		
			1 oreign C	ountry			1 oreign i	vation	•			
		IV. CASE ASSIC	NMENT	'AND NAT	TUREO	F SIIIT	7					
(Place an X	in one categ	ory, A-N, that best repres						anding Nature of Sui	<b>(1)</b>			
			ches your									
O A. Antitrust	O B. F	Personal Injury/	10	C. Admin	istrative	Agency	V	O D. Tempora	ry Resti	raining		
	N.	<i>[alpractice]</i>		Review				Order/Pre	elimina:	rv		
410 4-444		1						Injunctio		,		
410 Antitrust	310 Ai	rplane	151 Medicare Act			Injunction						
	A									Any nature of suit from any actorony		
	315 Ai	rplane Product Liability						Any nature of suit fr	om anv ce	atagory		
		rplane Product Liability sault, Libel & Slander	Soci	al Security				Any nature of suit from				
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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)*						
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	C 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.) FOIA. 5 U.S.C. § 552, for injunctive and other appropriate relief								
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ fees Check YES only if demanded in complaint YES NO X								
VIII. RELATED CASE(S) (See instruction)  YES NO If yes, please complete related case form  IF ANY								
DATE:4/6/2020	SIGNATURE OF ATTORNEY OF REC	ORD Le Deal Cont	flatell.					

## 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.