

CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)				DEFENDANCE.						
I. (a) PLAINTIFFS				DEFENDANTS						
National Public Radio, Inc. and Tim Mak				United States Department of Health and Human Services						
(b) COUNTY OF RESIDENCE	E OE EIDST I I	CTED DI AINTIEE		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT						
		LAINTIFF CASES)		(IN U.S. PLAINTIFF CASES ONLY)						
				NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED						
		, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)						
Matthew E. Kelley & Davi	ia J. Boariey									
Ballard Spahr LLP										
1909 K Street, NW, 12th Fl.										
Washington, D.C. 20006	(000) 004 0	2000								
Tel: (202) 508-1112 Fax:	: (202) 661-2	2299								
II. BASIS OF JURISD	ICTION		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR							
(PLACE AN x IN ONE BO	OX ONLY)		PLAINTIFE	F AND ONE BOX FOR DE		FOR DIV	ERSITY CASES ON		DEC	
1 U.S. Government	3 Fe	deral Question		PTF	DFT			PTF	DFT	
Plaintiff		(U.S. Government Not a Party)		Citizen of this State O 1 O 1 Incorpor				ace O 4	O 4	
	•	•		_			ess in This State			
2 U.S. Government		versity	Citizen of	Another State 2	O 2			. 0.5	^ 5	
Defendant	_	dicate Citizenship of	Chizen or	Another State 0 2	of				O 5	
		rties in item III)	Citizen or	Subject of a			Business in Another State			
			Foreign Co		O 3	Foreign N	Nation	O 6	O 6	
				,					_	
		IV. CASE ASSIG	NMENT	' AND NATURE C	F SUIT					
(Place an X in	n one catego	ory, A-N, that best repres	ents your	Cause of Action and	one in a	correspo	onding Nature o	f Suit)		
O A. Antitrust	O B. P	Personal Injury/	0	C. Administrative	Agancs	,	O D. Temi	orary Rest	rainina	
A. Anurusi		lalpractice	١	Review	Agency	,	-	•	_	
	17/1	шргисисе	Keview			Order/Preliminary Injunction				
410 Antitrust	310 Ai	rplane		151 Medicare Act			Injun	cuon		
		rplane Product Liability				Any nature of suit from any category				
			Social Security			may be selected for this category of				
	320 As	sault, Libel & Slander	Soci							
		sault, Libel & Slander deral Employers Liability	Soci	861 HIA (1395ff)				for this catego		
		deral Employers Liability	Soci	861 HIA (1395ff) 862 Black Lung (923)	- /		may be selected	for this catego		
	330 Fe	deral Employers Liability	Socia	861 HIA (1395ff) 862 Black Lung (923) 863 DIWC/DIWW (40	5(g))		may be selected	for this catego.	ory of	
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Case 1:20-cv-01289 Document 1-13 Filed 05/15/20 Page 2 of 2

O G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	O H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	■ Section O. I. FOIA/Privacy Act ■ 895 Freedom of Information Act ■ 890 Other Statutory Actions (if Privacy Act)	J. Student Loan 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 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.) Freedom of Information Act ("FOIA") 5 U.S.C. § 552, suit for declaratory and injunctive relief									
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in comp JURY DEMAND: YES NO X									
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form						
DATE: May, 2020	SIGNATURE OF ATTORNEY OF REC	CORD /s/Matthew	E. Kelley						

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.

- 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.