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CIVIL COVER SHEET

I (a) DI AINTEER													
I. (a) PLAINTIFFS AMARA EMUWA				DEFENDANTS									
AWARA EWOVYA				UNITED STATES DEPARTMENT OF HOMELAND									
				SECURI	IY								
		44004											
(b) COUNTY OF RESIDEN	CE OF FIRST	LISTED PLAINTIFF 11001 PLAINTIFF CASES)		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT									
				NOTE	IN LAND CONI	(IN U.) DEMNATION	IFF CASES ONLY) HE LOCATION OF THE TRACT OF	F LAND INVOLV	VED				
David L. Cleveland	ME, ADDRES	S, AND TELEPHONE NUMBER)	ATTORNEYS (IF KNOWN)						~~~~			
1220 L Street NW #	£100												
Wash. DC 20005	100												
[202] 812-8684													
II. BASIS OF JURISI	DICTION		III CI	TZENCHID	OE DDIN	CIDAL	D. D.	20					
(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 3 Federal Question			PTF DFT PTF DFT										
Plaintiff	0			zen of this State O 1 O 1 Inco				porated or Principal Place O 4 O 4					
		• *		· uno Diate	_	•	of Busin	ness in This State	•	O 4			
2 U.S. Government		iversity	Citizen o	f Another State	O 2	O 2	_		0 -	•			
Defendant	(I)	ndicate Citizenship of			0 -	0 2	Incorpor	rated and Principal Plac less in Another State	e O 5	O 5			
Ì	P	arties in item III)		r Subject of a	O 3	O 3	or Busin	less in Another State	_				
			Foreign (Country		0	Foreign	Nation	O 6	O 6			
I		IV. CASE ASSIC	NMEN	T AND NA	TUDEO	E CHIE	r						
(Place an X	IV. CASE ASSIGNMENT AND NATURE OF SUIT (Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)												
O A. Antitrust	1	Personal Injury/	0										
		Malpractice			C. Administrative Agency Review		On D. Temporary Restraining Order/Preliminary						
410 Antitrust	l			Keview				L .		ry			
Andrust		irplane		151 Medicar	e Act			Injunction	on				
		irplane Product Liability	Son	Social Security				Any nature of suit from any category					
		ssault, Libel & Slander ederal Employers Liability	300	861 HIA (13	may be selected for this category of case assignment.								
	340 M			862 Black Lung (923)									
	-	arine Product Liability		863 DIWC/DIWW (405(g))				*(If Antitrust, then	*(If Antitrust, then A governs)*				
		otor Vehicle		864 SSID Tit			(11 Timeter use, then A governs)						
	355 Motor Vehicle Product Liability			865 RSI (405	(g))								
		ther Personal Injury	Oth	er Statutes 891 Agricult									
	- Commont	edical Malpractice		893 Environ									
	personne	oduct Liability ealth Care/Pharmaceutical		890 Other St									
,		ersonal Injury Product Liabil	lity	Adminis									
	PARTICIPATION AND THE	sbestos Product Liability	Involved)										
		•											
O E. General Civi	l (Other)	OR		O F. Pr	o Se Gen	ieral Ci	vil						
Real Property 210 Land Condemn	ation	Bankruptey	20		Tax Suits		ee.	462 Naturaliza					
210 Land Condemnation							II or	Application					
230 Rent, Lease & Ejectment			30 137				26 USC	465 Other Immigration					
240 Torts to Land Prisoner Petitions				871 IRS-Third Party 26 USC 7609			Actions 470 Racketeer Influenced						
245 Tort Product Liability 535 Death Penalty						& Corrupt Organization							
290 All Other Real Property 540 Mandamus & Other			ier	r Forfeiture/Penalty 625 Drug Related Seizure of				480 Consumer Credit					
Personal Property 550 Civil Rights 555 Prison Conditions			,	Property 21 USC 881			490 Cable/Satellite TV						
370 Other Fraud 5560 Civil Detainee – Co						850 Securities/	Commodit	ties/					
371 Truth in Lending of Confinement					Exchange 896 Arbitration								
380 Other Personal Property				Other Statutes 375 False Claims Act			899 Administrative Procedure						
Damage Property Rights 385 Property Damage 820 Copyrights				376 Qui Tam (31 USC			Act/Review or Appeal of						
Product Liability 830 Patent				3729(Agency Decision					
835 Patent – Abbreviat			ted New	New 400 State Reapportionment				950 Constitutionality of State					
Drug Application				430 Banks & Banking			ţ	Statutes Statutory Actions					
840 Trademark				450 Commerce/ICC Rates/etc.			890 Other Statutory Actions (if not administrative agency						
				Rates/etc.			review or Privacy Act)						
		4		1	o pepor rat	1011		I EVIEW OF I	LIVACY AC	.,			

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0 6 111 6								
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)*						
O 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	O 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 Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability	O N. Three-Judge Court 441 Civil Rights - Voting (if Voting Rights Act)					
V. ORIGIN		196 Franchise						
0.10.1.								
O 1 Original Proceeding Proceeding Court Court O 3 Remanded from Appellate Court Court Court O 4 Reinstated O 5 Transferred from another district (specify) O 6 Multi-district Litigation O 7 Appeal to District Judge from Mag. Judge O 8 Multi-district Litigation District Judge from Mag. Judge								
VI. CAUSE OF ACTION (CITE THE	U.S. CIVIL STATUTE UNDER WHICH YO	OU ARE FILING AND WRITE A BRIEF	STATEMENT OF CAUSE.)					
5 usc section 551 Freedom of	Information Act							
VII. REQUESTED IN COMPLAINT	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 JUR	Check YE Y DEMAND: YES	S only if demanded in complaint					
IF ANY	See instruction) YES	NO K If yes, ple	ase complete related case form					
DATE: 04/30/20 SIGNATURE OF ATTORNEY OF RECORD DEATH COLL								

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 only 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.